



# Missouri State Plan for Special Education

## State Regulations Implementing Part C of the Individuals with Disabilities Education Act



Missouri Department of  
Elementary and Secondary  
Education

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## ~~General Provisions~~

### **INTRODUCTION**

**The Missouri Department of Elementary and Secondary Education (the Department) is the lead agency responsible for implementing Part C of the Individuals with Disabilities Education Act (IDEA). Missouri's early intervention program, First Steps, is operated through contractual agreements in ten regions across the State and a contracted Central Finance Office (CFO). The ten regional offices are known as System Points of Entry (SPOEs) and provide service coordination, evaluation and eligibility determination, as well as all local administrative activities for the program. The Department contracts with a single entity in each region to fulfill the SPOE function. Independent providers enroll with the CFO and provide direct services to children and families as outlined by the Individualized Family Service Plan (IFSP).**

**A.I. DEFINITIONS (~~34 CFR 303.5-303.21 and 303.23~~) (**34 CFR 303.6 through 303.37**)**

The State of Missouri has adopted the definitions in 34 CFR ~~303.5-303.24~~ **303.6-303.37** of the Part C regulations and selected terms as defined in 34 CFR ~~77.1 and 74.3~~ for use in implementing the State's early intervention program.

~~Act (34 CFR 303.6)~~

As used in this part, Act means the Individuals with Disabilities Education Act (IDEA)

~~Children (34 CFR 303.7)~~

As used in this part, children means infants and toddlers with disabilities as that term is defined in Sec. 303.16.

Assessment of the Child (34 CFR 303.321)

**Assessment** means the ~~ongoing~~ procedures used by qualified personnel to identify the child's unique strengths and needs **of the child** and the **identification of early intervention** services appropriate to meet those needs **while the child is participating in the Part C program.**

**The initial assessment of the child means a multidisciplinary assessment that occurs after the child's eligibility is determined but prior to the initial Individualized Family Service Plan (IFSP) meeting. The ongoing assessment of the child means a multidisciplinary assessment that occurs after the child's initial IFSP meeting.**

Assessment of the Family (34 CFR 303.321)

**Family assessment means a family-directed assessment of the resources, priorities and concerns of the family, and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.**

Child or Children (34 CFR 303.6)

**Child or children means an infant or toddler with a disability, as that term is defined below.**

Consent (34 CFR 303.7)

**Consent means:**

- a) parent(s) has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language. ~~or other mode of communication;~~
- b) parent(s) understands and agrees in writing **to the carrying out of the** activity for which **the parent's** consent is sought, and the consent **form** describes that activity and lists **the early intervention** records (if any) that will be released and to whom **they will be released;**
- c) parent(s) understands **that the granting of** consent is voluntary on the part of the parent, and may be revoked at any time; **and,**
- d) **if a parent revokes consent, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).**

Council (34 CFR 303.8)

As used in this part, Council means the State Interagency Coordinating Council.

**Council means the State Interagency Coordinating Council.**

Days **Day** (34 CFR 303.9)

As used in this part, days means calendar days unless otherwise noted.

**Day means calendar day, unless otherwise indicated.**

Developmental Delay (34 CFR 303.10 **and 34 CFR 303.111**)

The child, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, is functioning at half the developmental level that would be expected for

a child considered to be developing within normal limits and of equal age. In the case of infants born prematurely, the adjusted chronological age should be assigned for a period of up to 12 months or longer if recommended by the child's primary medical home. The delay must be identified in one or more of the following areas:

- a) cognitive development;
- b) communication development;
- c) adaptive development;
- d) physical development, including vision and hearing; and,
- e) social or emotional development.

### **Discipline or Profession**

**Discipline or profession** means a specific occupational category that:

- a) provides early intervention services to eligible children/families;
- b) has been established or designated by the State; and,
- c) has a required scope of responsibility and degree of supervision.

### **Early Intervention Records (34 CFR 303.403)**

**Early intervention records mean all records regarding a child that are required to be collected, maintained, or used under Part C of the IDEA.**

### **Early Intervention Program (34 CFR 303.11)**

~~As used in this part, early intervention program means the total effort in a State that is directed at meeting the needs of children eligible under this part and their families.~~

### **Early Intervention Service Provider (34 CFR 303.12)**

**Early intervention service provider, referred to as provider, means an entity (whether public, private, or nonprofit) or an individual that provides early intervention services under Part C of the IDEA, whether or not the entity or individual receives federal funds under Part C of the IDEA, and may include, where appropriate, the lead agency and a public agency responsible for providing early intervention services to children with disabilities in the State under Part C of the IDEA.**

**A provider is responsible for:**

- 1) Participating in the multidisciplinary individualized family service plan (IFSP) team's ongoing assessment of a child with a disability and a family-directed assessment of the resources, priorities, and concerns of the child's family, as related to the needs of the child, in the development of integrated goals and outcomes for the IFSP;**
- 2) Providing early intervention services in accordance with the IFSP of the child with a disability; and,**
- 3) Consulting with and training parents and others regarding the provision of the early intervention services described in the IFSP of the child with a disability.**

### **Early Intervention Services (EIS) (34 CFR 303.12) (34 CFR 303.13)**

**Early intervention services means developmental services that:**

- 1) Are provided under public supervision;**
- 2) Are selected in collaboration with the parents;**
- 3) Are provided at no cost, except where the system of payments policy includes fees;**
- 4) Are designed to meet the developmental needs of a child with a disability and the needs of the family to assist appropriately in the child's development, as identified by following areas, including:**
  - a) physical development;**
  - b) cognitive development;**
  - c) communication development;**

- d) social or emotional development; or
- e) adaptive development;
- 5) Meet the standards of the State in which the early intervention services are provided, including the requirements of Part C of the IDEA;
- 6) Are provided by qualified personnel;
- 7) To the maximum extent appropriate, are provided in natural environments; and,
- 8) Are provided in accordance with the IFSP.

- (a) General. As used in this part, early intervention services means services that—
  - ~~—(1) are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development;~~
  - ~~—(2) Are selected in collaboration with the parents;~~
  - ~~—(3) are provided:~~
    - ~~i) under public supervision;~~
    - ~~ii) by qualified personnel, as defined in Sec. 303.21, including the types of personnel listed in paragraph (e) of this section;~~
    - ~~iii) in conformity with an individualized family service plan; and~~
    - ~~iv) at no cost, unless subject to Sec. 303.520 (b) (3), federal or State law provides a system of payments by families, including a schedule of sliding fees; and;~~
  - (4) Meet the standards of the State, including the requirements of this part.
- (b) Natural environments: To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.
- (c) General role of service providers. To the extent appropriate, service providers in each area of early intervention services included in paragraph (d) of this section are responsible for—
  - (1) consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;
  - (2) training parents and others regarding the provision of those services; and,
  - (3) participating in the multidisciplinary team's assessment of a child and child's family and in the development of integrated goals and outcomes for the individualized family service plan—

(d) EIS includes: **Early intervention services include:**

- 1) **Applied behavior analysis (ABA) means services to implement techniques that bring about meaningful and positive changes in a child's behavior, including increasing useful behaviors and reducing behaviors that interfere with learning. These services are designed to improve the child's ability to relate to others and participate in home and community settings and include:**

- a) **assessment, including a functional behavioral assessment; and,**
- b) **interventions, including the use of prompting, extinction, reinforcement, joint—attention, social communication and naturalistic interventions.**

1) **Assistive technology includes:**

- 1) ~~Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.~~

- a) **assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.**



**b) *assistive technology service*** means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. ~~Assistive technology services include:~~ The term includes:

- the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- training or technical assistance for a child with ~~disabilities~~ **a disability** or, if appropriate, that child's family; and,
- training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of ~~individuals~~ **children** with disabilities.

2) Audiology includes:

- a) identification of children with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques;
- b) determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- c) referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- d) provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;
- e) provision of services for prevention of hearing loss; and
- f) determination of the child's ~~need for~~ individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

3) **Dietary**/Nutrition services includes conducting individual assessments in:

- a) nutritional history and dietary intake;
- b) anthropometric, biochemical, and clinical variables;
- c) feeding skills and feeding problems; ~~and,~~
- d) food habits and food preferences;
- e) developing and monitoring appropriate plans to address the nutritional needs of children eligible based on assessment findings; and,
- f) making referrals to appropriate community resources to carry out nutrition goals.

4) Family child care assistance includes in-home or other care arrangements to enable the child's family to participate in early intervention services that include a defined family component, i.e., family training or counseling services, ~~psychological services, or social work.~~

5) Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an **eligible** child



eligible under this part in understanding the special **unique** needs of the child and enhancing the child's development.

6) Health services (34 CFR 303.36) **( 34 CFR 303.16)**

~~As used in this part,~~ Health services mean services necessary to enable a child to benefit from the other early intervention services during the time the child is receiving the other early intervention services.

The term includes:

- a) such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and,
- b) consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

The term does not include services that are:

- a) surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or
- b) purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose);
- c) **related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.**
  - **Nothing limits the right of a child with a disability with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes.**
  - **Nothing prevents the provider from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of a child with a disability are functioning properly;**
- d) devices **(such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps)** necessary to control or treat a medical condition; and
- e) medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

7) Medical services ~~only for diagnostic or evaluation purposes~~ means services provided by a licensed physician **for diagnostic or evaluation purposes** to determine a child's developmental status and need for early intervention services.

8) Nursing services include:

- a) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- b) provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and,
- c) **the** administration of medications, treatments and regimens prescribed by a licensed physician.

~~10) Nutrition services includes conducting individual assessments in:~~

- ~~g) nutritional history and dietary intake;~~
- ~~h) anthropometric, biochemical, and clinical variables;~~
- ~~i) feeding skills and feeding problems; and,~~

- ~~j) food habits and food preferences;~~
- ~~k) developing and monitoring appropriate plans to address the nutritional needs of children eligible based on assessment findings; and,~~
- ~~l) making referrals to appropriate community resources to carry out nutrition goals.~~

- 9) Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, ~~school,~~ and community settings and include:
- a) identification, assessment and intervention;
  - b) adaptation of environment, and selection, ~~and~~ design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and,
  - c) prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability.

**10) Other Services mean services not defined herein that may constitute early intervention services. Other services must be provided by qualified early intervention personnel. Nothing prohibits the IFSP team from identifying another type of service as an early intervention service as long as that service meets the criteria as described in the definition of *Early Intervention Services* and is designed to meet the developmental needs of the child and family.**

- 11) Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:
- a) screening, evaluation, and assessment of ~~infants and toddlers~~ **children** to identify movement dysfunction; ~~and,~~
  - b) obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and,
  - c) providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems.

- 12) Psychological services include:
- a) administering psychological and developmental tests and other assessment procedures;
  - b) interpreting assessment results;
  - c) obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and
  - d) planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

- 13) Service coordination services **(case management) (34 CFR 303.34)**  
~~means assistance and services provided by a service coordinator to an eligible child and the~~  
~~child's family that are in addition to the following functions and activities as defined in 34-~~  
~~CFR 303.23.~~

**Service coordination services mean services provided by a Service Coordinator to assist a child and the child's family to receive early intervention services and parental rights.**

**The Department's use of the term service coordination or service coordination services does not preclude characterization of the services as case management or any other service that is covered by another payor of last resort (including Title XIX of the Social Security Act – Medicaid), for purposes of claims in compliance with the requirements described in Fiscal Administration under Section XVII.**

Each child eligible ~~under this part~~ and the child's family must be provided with one Service Coordinator who is responsible for:

- a) coordinating all services across agency lines; and,
- b) serving as the single point of contact in helping parents to obtain the services and assistance they need.

Service coordination is an active, ongoing process that involves:

- a) assisting parents of eligible children in gaining access to, **and coordinating the provision of** the early intervention services; and,
- b) **coordinating the** other services identified in the ~~individualized family service plan~~ **IFSP**.

Specific service coordination activities include:

- a) **conducting the family assessment, including interviewing the family;**
- b) **collecting information on the child's development, including observations of the child;**
- c) **assisting parents of eligible children in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for eligible children and their families;**
- d) **coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided;**
- e) **coordinating evaluations and assessments;**
- f) **facilitating and participating in the development, review, and evaluation of IFSPs;**
- g) **conducting referral and other activities to assist families in identifying available providers;**
- h) **coordinating, facilitating, and monitoring the delivery of services to ensure that the services are provided in a timely manner;**
- i) **conducting follow-up activities to determine that appropriate Part C services are being provided;**
- j) **informing families of their parental rights, and related resources;**
- k) **coordinating the funding sources for services; and,**
- l) **facilitating the development of a transition plan to preschool or, if appropriate, to other services.**

**14) Sign language and cued language services include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.**

**15) Social work services include:**

- a) making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- b) preparing a social or emotional developmental assessment of the child within the family context;

- c) providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- d) working with ~~these problems~~ **issues in the a child's and family's** living situation (home, community, and any center where early intervention services are provided) **of a child and the child's family** that affect the child's maximum utilization of early intervention services; and,
- e) identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

16) Special instruction includes:

- a) the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- b) curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in child's ~~individualized family service plan~~ **IFSP**;
- c) providing families with information, skills, and support related to enhancing the ~~skill~~ development of the child; and,
- d) working with the child to enhance the child's development.

17) Speech/Language pathology services includes:

- a) identification of children with ~~communicative or oropharyngeal~~ **communication or language** disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- b) referral for medical or other professional services necessary for the habilitation or rehabilitation of children with ~~communicative or oropharyngeal~~ **communication or language** disorders and delays in development of communication skills; **and,**
- c) provision of services for the habilitation, rehabilitation or prevention of ~~communicative or oropharyngeal~~ **communication or language** disorders and delays in development of communication skills; ~~and,~~
- d) ~~provision of sign language and cued language services.~~

**18) Transportation and related costs include the cost of travel and other costs that are necessary to enable a child and the child's family to receive early intervention services (e.g., translation services)**

~~Transportation and Related Costs includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and related costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible for the program and the child's family to receive early intervention services.~~

19) Vision services means:

- a) evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities **that affect early childhood development**;
- b) referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and,
- c) communication skills training, orientation and mobility training for all environments, visual training, ~~independent living skills training~~, and additional training necessary to activate visual motor abilities.

~~Qualified personnel~~ Early intervention services must be provided by qualified personnel, including:—

- ~~1) Audiologists;~~
- ~~2) Family therapists;~~
- ~~3) Nurses;~~
- ~~4) Occupational therapists;~~
- ~~5) Orientation and mobility specialists;~~
- ~~6) Pediatricians and other physicians;~~
- ~~7) Physical therapists;~~
- ~~8) Psychologists;~~
- ~~9) Registered dietitians;~~
- ~~10) Social workers;~~
- ~~11) Special educators (including teachers of children with hearing and vision impairments);~~
- ~~12) Speech and language pathologists.; and,~~
- ~~13) Vision specialists, including ophthalmologists and optometrists~~

#### Evaluation (34 CFR 303.321)

**Evaluation** means the procedures used by qualified personnel to determine a child's eligibility **for the Part C program.**

#### Health Services (34 CFR 303.13)

~~As used in this part, health services means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services.~~

~~The term includes:~~

- ~~c) such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services, and~~
- ~~d) consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.~~

~~The term does not include services that are:~~

- ~~a) surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or~~
- ~~b) purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose);~~
- ~~c) devices necessary to control or treat a medical condition; or,~~
- ~~d) medical health services (such as immunizations and regular "well baby" care) that are routinely recommended for all children.~~

~~NOTE: The Definition in this section distinguishes between the health services that are required under Part C of the IDEA and the medical health services that are not required. The IFSP requirements under Part C provide that, to the extent appropriate, these other medical health services are to be included in the IFSP, along with the funding sources to be used in paying for the services or the steps that will be taken to secure the services through public or private sources. Identifying these services in the IFSP does not impose an obligation to provide the services if they are otherwise not required to be provided under Part C of IDEA. (See Sec. 303.344(e) and note 3 following that section.)~~

#### Homeless Children (34 CFR 303.17)

**Homeless children** means children who meet the definition given the term homeless children and youths in section 725 (42 U.S.C. 11434a) of the McKinney-Vento Homeless Assistance Act, as amended, 42 U.S.C. 11431 et seq.

**Indian; Indian tribe (34 CFR 303.19)**

- 1) **Indian means an individual who is a member of an Indian tribe.**
- 2) **Indian tribe means any Federal or State Indian tribe, band, rancheria, pueblo, colony, or community, including any Alaska Native village or regional village corporation (as defined in or established under the Alaska Native Claims Settlement Act, 43 U.S.C. 1601 et seq.).**

**IFSP (34 CFR 303.14) Individualized Family Service Plan (IFSP) (34 CFR 303.20)**

~~As used in this part, IFSP means the individualized family service plan, as that term is defined in Sec. 303.340 (b)–~~

**IFSP means a written plan for providing early intervention services to a child with a disability and the child's family that:**

- a) **is based on evaluation and assessment results;**
- b) **includes required content set forth below;**
- c) **is implemented as soon as possible once parental consent for the early intervention services in the IFSP is obtained; and,**
- d) **is developed in accordance with the IFSP procedures set forth below.**

**Include; Including (34 CFR 303.15)**

~~As used in this part, include or including means that the items named are not all of the possible items that are covered whether like or unlike the ones named.—~~

**Infants and Toddlers with Disabilities (34 CFR 303.16)**

**Infant or Toddler with a Disability (34 CFR 303.21)**

~~(a) As used in this part, infants and toddlers with disabilities means individuals from birth through age two who need early intervention services because they:~~

**Infant or toddler with a disability means a child under three years of age who needs early intervention services because the child:**

- 1) ~~Are~~ **Is** experiencing a developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
  - a) cognitive development;
  - b) physical development, including vision and hearing;
  - c) communication development;
  - d) social or emotional development; ~~or~~
  - e) adaptive development, or
- 2) ~~have~~ **Has** a diagnosed physical or mental condition that:
  - a) **has a high probability of resulting in developmental delay; and,**
  - b) **includes conditions such as: chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.**

**Initial Evaluation of the Child (34 CFR 303.321)**

**Initial evaluation of the child means the procedures used by qualified personnel to determine a child's initial eligibility for the Part C program.**

**Lead Agency (34 CFR 303.22)**

**Lead agency means the agency designated by the Governor to receive funds to administer the State's responsibilities under Part C of the IDEA.**

**Local Educational Agency (LEA) (34 CFR 303.23)**

**LEA means a Missouri public entity with authority to administer control, direct or perform a service function for public elementary or secondary schools.**

**Multidisciplinary (34 CFR 303.17) (34 CFR 303.24)**

~~As used in this part, multidisciplinary means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities in Sec. 303.322, and the development of the IFSP in Sec. 303.342.~~

**Multidisciplinary means the involvement of two or more separate disciplines or professions and with respect to:**

- a) evaluation of the child and assessments of the child and family may include one individual who is qualified in more than one discipline or profession; and,**
- b) the IFSP team must include the involvement of the parent and two or more individuals from separate disciplines or professions and one of these individuals must be the Service Coordinator.**

**Native Language (34 CFR 303.25)**

**Native language, when used with respect to an individual who is limited English proficient means:**

- a) the language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child; and,**
- b) for evaluations and assessments conducted, the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.**

**Native language, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication).**

**Natural Environments (34 CFR 303.18) (34 CFR 303.26)**

~~As used in this part, natural environments means settings that are natural or normal for the child's age peers who have no disabilities.~~

**Natural environments mean settings that are natural or typical for a same-aged child without a disability, may include the home or community settings.**

**Parent (34 CFR 303.19) (34 CFR 303.27)**

**Parent means:**

- 1) A ~~natural~~ biological or adoptive parent of a child;**
- 2) A foster parent, unless State law, regulation, or contractual obligations with a State or local entity prohibit a foster parent from acting as a parent;**
- 3) A guardian generally authorized to act as the child's parent, or authorized to make early intervention, education, health or developmental decisions for the child (but not the State if the child is a ward of the State);**
- 4) ~~a person~~ An individual acting in the place of a biological or adoptive parent ( such as including a grandparent, ~~or~~ stepparent, or other relative) with whom the child lives, or a ~~person~~ an individual who is legally responsible for the child's welfare; or,**
- 5) An educational surrogate who has been appointed by the Office of Special Education. ~~in accordance with Sec. 303.406~~**
- ~~6) a foster parent consistent with Sec. 303.19(b).~~**



**The biological or adoptive parent, when attempting to act as the parent and when more than one party is qualified to act as a parent, must be presumed to be the parent unless the biological or adoptive parent does not have legal authority to make educational or early intervention services decisions for the child.**

**If a judicial decree or order identifies a specific person or persons to act as the “parent” of a child or to make educational or early intervention service decisions on behalf of a child, then the person or persons must be determined to be the “parent” for purposes of Part C of the IDEA, except that if a provider or a public agency provides any services to a child or any family member of that child, that provider or public agency may not act as the parent for that child.**

Note: The federal regulations state the following in regard to a foster parent.

Foster Parent. Unless State law prohibits a foster parent from acting as a parent, a State may allow a foster parent to act as a parent under Part C of the act if—

- 1) ~~the natural parents’ authority to make decisions required of parents under the Act has been extinguished under State law; and~~
- 2) ~~the foster parent~~
  - a. ~~has an ongoing, long-term parental relationship with the child;~~
  - b. ~~is willing to make the decisions required of parents under the Act; and~~
  - c. ~~has no interest that would conflict with the interests of the child.~~

#### Participating Agency (34 CFR 303.403)

Participating agency means any **individual**, agency, **entity** or institution, ~~which~~ **that** collects, maintains, or uses personally identifiable information ~~or from which information is obtained under this part~~ **to implement the requirements in Part C of the IDEA with respect to a particular child. A participating agency includes the lead agency, the System Point of Entry and any individual or entity that provides any Part C services, but does not include primary referral sources, or public agencies (such as Medicaid) or private entities (such as private insurance companies) that act solely as funding sources for Part C services. This includes the SPOE.**

#### Personally Identifiable Information (34 CFR 303.29)

Personally identifiable means information that **includes:**

- a) the name of the child, the child’s parent or other family member;
- b) the address of the child;
- c) a personal identifier, such as the child’s or parent’s social security number; or,
- d) a list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty, **such as the child’s date of birth.**

#### Policies (34 CFR 303.20)

- ~~(a) As used in this part, policies means State statutes, regulations, Governor’s orders, directives by the lead agency, or other written documents that represent the State’s position concerning any matter covered under this part.~~
- ~~(b) State policies include—~~
  - ~~(1) a State’s commitment to develop and implement the statewide system (See Sec. 303.140);~~
  - ~~(2) a State’s eligibility criteria and procedures (see 303.300);~~
  - ~~(3) a statement that provides that, subject to 303.520 (b) (3), services under this part will be provided at no cost to parents, except where a system of payments is provided for under federal or State law;~~
  - ~~(4) a State’s standards for personnel who provide services to children eligible under this part (see 303.361);~~

- (5) a State's position and procedures related to contracting or making other arrangements with service providers under Subpart F; and,
- (6) other positions that the State has adopted related to implementing any of the other requirements under this part.—

Public Agency (34 CFR 303.21)—

As used in this part, Public agency includes the lead agency and any other political subdivision of the State, that is responsible for providing early intervention services to children eligible under this part and their families.—

Qualified **Personnel** (34 CFR 303.22) (34 CFR 303.31)

As used in this part, qualified means that a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.—

**Qualified personnel means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services.**

Note:—These regulations contain the following provisions relating to a State's responsibility to ensure that personnel are qualified to provide early intervention services:

1. Section 303.12 (a) (4) provides that early intervention services must meet State standards. This provision implements a requirement that is similar to a long-standing provision under Part B of the Act (i.e., that the State educational agency establish standards and ensure that those standards are currently met for all programs providing special education and related services.)
2. Section 303.12 (a) (3) (ii) provides that early intervention services must be provided by qualified personnel.
3. Section 303.361 requires statewide systems to establish policies and procedures related to personnel standards.—

Service Coordination (34 CFR 303.23)—

Service coordination means the activities carried out by a Service Coordinator to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards and services that are authorized to be provided under the State's early intervention program.

Each child eligible under this part and the child's family must be provided with one Service Coordinator who is responsible for:

- coordinating all services across agency lines; and,
- serving as the single point of contact in helping parents to obtain the services and assistance they need.

Service coordination is an active, ongoing process that involves:

- assisting parents of eligible children in gaining access to the early intervention services; and,
  - other services identified in the individualized family service plan—
- i. coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
  - ii. facilitating the timely delivery of available services; and,—
  - iii. continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.
- Specific service coordination activities include:
- i. coordinating the performance of evaluations and assessments;

- ~~ii. facilitating and participating in the development, review, and evaluation of individualized family service plans;~~
- ~~iii. assisting families in identifying available service providers;~~
- ~~iv. coordinating and monitoring the delivery of available services;~~
- ~~v. informing families of the availability of advocacy services;~~
- ~~vi. coordinating with medical and health providers; and,~~
- ~~vii. facilitating the development of a transition plan to preschool services, if appropriate or other services.~~

~~Qualifications of Service Coordinators: Service coordinators must be persons who, consistent with Section 303.344 (g), have demonstrated knowledge and understanding about infants and toddlers who are eligible under this part, Part C of the Act and the regulations in this part; and, the nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.~~

### **Scientifically Based Research (34 CFR 303.32)**

**Scientifically based research means the term in section 9101(37) of the Elementary and Secondary Education Act (ESEA) of 1965, as amended. When applying ESEA to Part C of the IDEA, any reference to "education activities and programs" in ESEA means "early intervention services" in the Part C program.**

### **State Educational Agency (SEA) (34 CFR 303.36)**

**The SEA is the Missouri Department of Elementary and Secondary Education (herein and after referred to as the Department).**

### **System Point of Entry (SPOE) (34 CFR 303.11)**

**SPOE means the entity designated by the Department, through ten regional contracts, to provide service coordination including referral processing, eligibility determination and other local administrative activities for the Part C program.**

### **Ward of the State (34 CFR 303.37)**

**Ward of the State means a child who, as determined by the State where the child resides, is:**

- 1) A foster child;**
- 2) A ward of the State; or**
- 3) In the custody of a public child welfare agency.**

**Ward of the State does not include a foster child who has a foster parent who meets the definition of a parent.**

~~Sec. 303.25 EDGAR definitions that apply.~~

~~The following terms used in this part are defined in 34 CFR 77.1~~

- ~~• Applicant~~
- ~~• Award~~
- ~~• Contract~~
- ~~• Department~~
- ~~• EDGAR~~
- ~~• Fiscal year~~
- ~~• Grant~~
- ~~• Grantee~~
- ~~• Grant period~~
- ~~• Private~~
- ~~• Public~~

**B II. LEAD AGENCY (~~34 CFR 303.142, 303.143 and 303.500~~) (34 CFR 303.111 through 303.126)**

The Department of Elementary and Secondary Education (herein and after referred to as the Department) is the lead agency responsible for ensuring the provision of early intervention services to eligible infants and toddlers **children** with disabilities and their families consistent with 20 U.S.C. 1471 et seq., and 34 CFR Part 303. ~~The Department, as the lead agency, is the entity responsible for assigning financial responsibility among appropriate agencies.~~

The Department is **also** responsible for ensuring that the minimum components of a statewide system of early intervention services for eligible infants and toddlers **children** and their families, as required by the United States Department of Education is established and maintained in the State. The minimum components ~~identified in 20 U.S.C. 1476 and 34 CFR~~ include the following:

- 1) A State definition of developmentally delayed ;
- 2) A central directory of information relating to early intervention services, resources, experts, and research and demonstration projects available in the State;
- 3) A public awareness program;
- 4) A comprehensive child find system;
- 5) Evaluation and assessment procedures;
- 6) Development, review and evaluation of IFSPs and service coordination;
- 7) A comprehensive system of personnel development;
- 8) Development and implementation of personnel standards;
- 9) Development and implementation of ~~procedural safeguards~~ **parental rights**;
- 10) General administration, supervision, and monitoring of the early intervention system;
- 11) ~~Procedures for resolving complaints~~
- 12) ~~Policies and procedures related to financial matters including the following:~~
  - a) ~~the identification and coordination of all resources in the State available for early intervention services~~
  - b) ~~the timely reimbursement of funds provided by the United States Department of Education for early intervention services~~
  - c) ~~the assignment of financial responsibility among the participating agencies~~
- 13) ~~Interagency agreements for resolution of disputes~~
- 14) **11) Policies for contracting or otherwise arranging for services;**
- 15) **12) Data collection on the numbers of infants and toddlers **children** with disabilities and their families in the State;**
- 16) **13) Policies and procedures that ensure that to the maximum extent appropriate, early intervention services are provided in natural environments; and the provision of early intervention services for any infant or toddler **child** occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler **child** in a natural environment;**
- 14) Appropriate early intervention services are based on scientifically based research, to the extent practical and available, to all children with disabilities;**
- 15) Reimbursement procedures that include the timely reimbursement of funds used under Part C of the IDEA; and,**
- 16) The State Interagency Coordinating Council.**

~~The State of Missouri assures that a current IFSP is in effect and implemented for each eligible child and the child's family. (34 CFR 303.167).~~

### **~~D~~ III. PUBLIC PARTICIPATION (34 CFR 303.208)**

At least 60 days prior to being submitted, the Department publishes the Part C application (including any policies, procedures, descriptions, methods, certifications, assurances and other information required in the application) on the Department's website and sends a listserv message to ensure circulation throughout the State for at least a 60-day period with an opportunity for public comment for at least 30 days during that period.

Before adopting any new policy or procedure needed to comply with Part C of the IDEA (including any revision to an existing policy or procedure), the Department will:

- 1) Hold public hearings on the new policy or procedure (including any revision to an existing policy or procedure);
- 2) Provide notice of the hearings at least 30 days before the hearings are conducted to enable public participation; and,
- 3) Provide an opportunity for the general public, including individuals with disabilities, parents of children with disabilities, providers, and the members of the Council, to comment for at least 30 days on the new policy or procedure (including any revision to an existing policy or procedure).

### **~~H~~ IV. CENTRAL DIRECTORY (~~34 CFR 303.301~~) (34 CFR 303.117)**

The ~~State of Missouri~~ **Department** ~~assures~~ **ensures** a central directory of information **is accessible to the general public through the Department's website. The central directory includes accurate, up-to-date information about:**

- 1) Public and private early intervention services, resources, and experts available in the State (Provider Matrix);
- 2) Research and demonstration projects being conducted in the State **relating to children with disabilities;** and,
- 3) Professional and other groups **(including parent support, and training and information centers, such as those funded under the IDEA)** that provide assistance to children eligible ~~under this part~~ and their families.

### **~~H~~ V. PUBLIC AWARENESS PROGRAM (~~34 CFR 303.320~~) (34 CFR 303.301)**

The ~~State of Missouri~~ **Department** ~~assures~~ **ensures** that a public awareness program has been developed that focuses on the early identification of children who are eligible to receive early intervention services, including the preparation and dissemination of information on the availability of early intervention services.

#### **Preparation**

The Department ensures the preparation of information on how to refer a child under the age of three for an evaluation, the availability of early intervention services and the availability of other services as identified in the central directory.

#### **Dissemination**

The Department ensures the dissemination of information to all primary referral sources (especially hospitals and physicians), and assists the primary referral sources in giving the information to parents of young children, especially parents with a premature child or a child with other physical risk factors associated with learning or developmental complications.

In addition, the Department informs parents of children with disabilities of the availability of services under Part B not fewer than 90 days prior to the child's third birthday.

**VI. STATE INTERAGENCY COORDINATING COUNCIL (SICC) (34 CFR 303.600 through 303.605)**

**Establishment and Composition of Council (34 CFR 303.600, 303.601)**

The Governor of the State appoints the State Interagency Coordinating Council (SICC **or Council**). In making an appointment to the Council, the Governor ensures that membership of the Council reasonably represents the population of the State and meets the requirements of **Part C of the IDEA**, as specified in ~~CFR 303.601~~. The chairperson is designated by the Council and ~~does not represent~~ **any representative of** the lead agency **may not serve as the chairperson of the Council**. ~~Parents who are selected to serve on the council may not be employees of any agency involved in providing early intervention services.~~

**Composition (34 CFR 303.601)**

**The Council must be composed as follows:**

- 1) At least 20 percent of the members must be parents, including minority parents, of children with disabilities or children with disabilities aged 12 years or younger, with knowledge of, or experience with, programs for children with disabilities. At least one parent member must be a parent of a child with a disability aged six years or younger.**
- 2) At least 20 percent of the members must be public or private providers of early intervention services.**
- 3) At least one member must be from the State legislature.**
- 4) At least one member must be involved in personnel preparation.**
- 5) At least one member must be from each of the State agencies involved in the provision of, or payment for, early intervention services to children with disabilities and their families and have sufficient authority to engage in policy planning and implementation on behalf of these agencies.**
- 6) At least one member must be from the SEA responsible for preschool services to children with disabilities and have sufficient authority to engage in policy planning and implementation on behalf of the SEA.**
- 7) At least one member must be from the agency responsible for the State Medicaid and Children's Health Insurance Program (CHIP) program.**
- 8) At least one member must be from a Head Start or Early Head Start agency or program in the State.**
- 9) At least one member must be from a State agency responsible for child care.**
- 10) At least one member must be from the agency responsible for the State regulation of private health insurance.**
- 11) At least one member must be a representative designated by the Office of the Coordination of Education of Homeless Children and Youth.**
- 12) At least one member must be a representative from the State child welfare agency responsible for foster care.**
- 13) At least one member must be from the State agency responsible for children's mental health.**
- 14) The Governor may appoint one member to represent more than one program or agency listed in numbers seven through 13.**

**The Council may include other members selected by the Governor, including a representative from the Bureau of Indian Education (BIE) or, where there is no school operated or funded by the BIE in the State, from the Indian Health Service or the tribe or tribal council. No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.**



Meetings (34 CFR 303.603) (34 CFR 303.602)

The SICC meets at least quarterly. To comply with Missouri's Open Meetings Law, all meetings are generally announced at least one week in advance and at a minimum of 24 hours in advance at the location of the meeting, as well as at the Department. These procedures ensure that meetings are announced sufficiently in advance to ensure attendance and that they are open and accessible to the public. Interpreters for persons who are deaf and other necessary services for both SICC members and participants are provided as requested. ~~The lead agency uses Part C funds to pay for these services.~~

Use of Funds by the Council (34 CFR 303.602) (34 CFR 303.603)

Subject to the approval by the Governor, the Council may use **Part C** funds ~~under this part~~ **to**:

- 1) ~~to~~ Conduct hearings and forums;
- 2) ~~to~~ Reimburse members of the Council for reasonable and necessary expenses for attending Council meetings and performing Council duties (including child care for parent representatives);
- 3) ~~to~~ Pay compensation to a member of the Council if the member is not employed or must forfeit wages from other employment when performing official Council business;
- 4) ~~to~~ Hire staff; and,
- 5) ~~to~~ Obtain the services of professional, technical, and clerical personnel as may be necessary to carry out the performance of its functions under ~~this part~~ **Part C of the IDEA**.

Compensation and expenses of Council members

Except as provided in items 2 and 3 above, Council members shall serve without compensation. ~~from funds available under this part~~

Conflict of Interest (34 CFR 303.604)

~~No member of the Interagency Coordinating Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.~~

Functions (34 CFR 303.650-303.654)

~~The functions of the Interagency Coordinating Council are to:~~

1. ~~advise and assist the lead agency in the development and implementation of policies that constitute the statewide system;~~
2. ~~assist the lead agency in achieving full participation, coordination, and cooperation of all appropriate public agencies in the State;~~
3. ~~assist the lead agency in the implementation of the statewide system by establishing a process that includes:~~
  - a) ~~seeking information from service providers, Service Coordinators, parents, and others about any federal, State, or local policies that impede timely service delivery; and~~
  - b) ~~taking steps to ensure that policy problems identified under 3. a. above are resolved;~~
4. ~~to the extent appropriate, assist the lead agency in the resolution of disputes; and,~~
5. ~~to strengthen service integration for both infants and toddlers with disabilities and at-risk infants and their families, regardless of eligibility status.~~

~~The Council advises and assists the lead agency in the performance of their responsibilities for the:~~

1. ~~appropriate services for children ages 0-3 inclusive, including transitional services to preschool and other appropriate services;~~
2. ~~identification of sources of fiscal and other support for services for early intervention services;~~
3. ~~assignment of financial responsibility to the appropriate agency; and,~~
4. ~~promotion of interagency agreements under 34 CFR 303.523.~~



~~The Council advises and assists the lead agency in the preparation of applications and amendments to applications under Part C. The Council also advises and assists the lead agency (SEA) regarding the transition of toddlers with disabilities to services provided under Part B of the IDEA or to preschool and other appropriate services.~~

~~The Council advises appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.~~

~~The Council prepares an annual report to the Governor and to the Secretary of the US Department of Education on the status of early intervention programs operated in the State and submits this report to the Secretary on the date established by the Secretary. Each annual report contains information required by the Secretary for the reporting year.~~

### **Functions of the Council--Required Duties (34 CFR 303.604)**

**The Council must advise and assist the lead agency in the performance of its responsibilities in the IDEA including:**

- 1) Identification of sources of fiscal and other support for early intervention services under Part C of the IDEA;**
- 2) Assignment of financial responsibility to the appropriate agency;**
- 3) Promotion of methods (including use of intra-agency and interagency agreements) for intra-agency and interagency collaboration regarding child find, monitoring, financial responsibility and provision of early intervention services, and transition requirements;**
- 4) Preparation of Part C applications and amendments to those applications; and,**
- 5) Transition of toddlers with disabilities to preschool and other appropriate services.**

**The Council must prepare and submit an annual report to the Governor and to the United States Department of Education on the status of children with disabilities and their families in the Part C program operated within the State and submit the report to the United States Department of Education.**

### **Authorized Activities (34 CFR 303.605)**

- 1) Advise and assist the SEA regarding the provision of appropriate services for children with disabilities from birth through age five.**
- 2) Advise appropriate agencies in the State with respect to the integration of services for children with disabilities and at-risk children and families, regardless of whether at-risk children are eligible for early intervention services in the State.**
- 3) Coordinate and collaborate with the State Advisory Council on Early Childhood Education and Care for children, if applicable, and other State interagency early learning initiatives, as appropriate.**

## **IV. VII. COMPREHENSIVE CHILD FIND SYSTEM ~~(34 CFR 303.321)~~ (34 CFR 303.302)**

~~The State of Missouri~~ **Department** ensures that the statewide system **Part C program** includes a comprehensive child find system that is consistent with Part B of IDEA (34 CFR 300.428 **.111**) and is coordinated with all other major efforts to locate and identify **children by other** ~~conducted~~ by State agencies responsible for administering the various education, health, and social service programs relevant to this part, **including Indian** tribes and tribal organizations that receive money under Part C **of the IDEA**, and other **Indian** tribes and tribal organizations as appropriate. **To ensure a comprehensive child find system, the Part C program coordinates with:**

- 1) Child Find** ~~authorized under Part B of the Act~~ **IDEA;**

- 2) Maternal and Child Health program, **including the Maternal, Infant, and Early Childhood Home Visiting Program**, under Title V of the Social Security Act;
- 3) Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program under Title XIX of the Social Security Act;
- 4) Developmental Disabilities Assistance and Bill of Rights Act **of 2000**;
- 5) Head Start **Act (including Early Head Start programs under section 645A of the Head Start Act); and,**
- 6) **Supplemental Security Income program under Title XVI of the Social Security Act;**
- 7) **Child protection and child welfare programs, including programs administered by, and services provided through, the foster care agency and the State agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106(a));**
- 8) **Child care programs in the State;**
- 9) **The programs that provide services under the Family Violence Prevention and Services Act (42 U.S.C.10401 et seq.);**
- 10) **Early Hearing Detection and Intervention (EHDI) systems (42 U.S.C. 280g-1) administered by the Centers for Disease Control (CDC); and,**
- 11) **CHIP authorized under Title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).**

The ~~lead agency~~ **Department**, with the advice and assistance of the SICC, takes steps to ensure that there will not be unnecessary duplication of effort by the various **State** agencies involved in the ~~State's~~ **Part C** child find system, and the ~~State~~ **Part C program** will make use of the resources available through each ~~public agency~~ **SPOE and provider** to implement the child find system in an effective manner.

#### **~~H. VIII. TRADITIONALLY UNDERSERVED GROUPS (34 CFR 303.128) (34 CFR 303.227)~~**

The ~~State~~ **Department** ensures that traditionally underserved groups, including minority, low-income, homeless and rural families, and children with disabilities who are wards of the State, are meaningfully involved in the planning and implementation of all requirements of Part C **of the IDEA**. This is achieved through **member participation and collaboration** on the SICC and regional interagency coordinating councils as well as through the ~~delivery of services~~ **training and technical assistance to Service Coordinators and providers.**

The ~~State~~ **Department** also ensures that families have access to culturally competent services within their local geographical areas. This is achieved through provider recruitment and training.

#### **IX. REFERRAL PROCEDURES (34 CFR 303.303)**

**The Department's child find system for primary referral sources referring a child under the age of three to the Part C program includes referring a child as soon as possible, but in no case more than seven days after the child had been identified, and referring a child under the age of three who is the subject of a substantiated case of child abuse or neglect, or identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.**

Primary referral sources include:

- 1) Hospitals, including prenatal and postnatal care facilities;
- 2) Physicians;
- 3) Parents;

- 4) Child-care programs **and early learning programs;**
- 5) Local educational agencies (including special education and Parents as Teachers) **and schools;**
- 6) Public health facilities;
- 7) **Other public health or social service agencies;**
- 8) **Other clinics and health care providers;**
- 9) **Public agencies and staff in the child welfare system, including child protective service and foster care;**
- 10) **Homeless family shelters; and,**
- 11) **Domestic violence shelters and agencies.**

Once the ~~public agency~~ **SPOE** receives a referral, it ~~shall~~ **must** appoint a Service Coordinator as soon as possible. Within 45 days after it ~~receives~~ **receiving** a referral, a ~~public agency~~ **SPOE** **must:**

- a) provide the parent with a prior written notice of intent to conduct an **initial evaluation of the child to determine the child's eligibility for the Part C program and any additional assessments of the child prior to the initial IFSP meeting;**
- b) obtain informed, written parental consent to proceed;
- c) facilitate the collection and review of existing documentation to complete the evaluation for eligibility; and,
- d) schedule and facilitate an initial IFSP meeting.

**The 45- day timeline does not apply for any period when:**

- 1) **The child or parent is unavailable to complete the initial evaluation, the initial assessments of the child and family, or the initial IFSP meeting due to exceptional family circumstances that are documented in the child's early intervention records; or**
- 2) **The parent has not provided consent for the initial evaluation or the initial assessment of the child, despite documented, repeated attempts by the SPOE to obtain parental consent.**

If circumstances prevent ~~this~~ **the 45-day** timeline from being met, the ~~public agency~~ **SPOE** ~~will~~ **must:**

- 1) **Document in the child's early intervention records the exceptional family circumstances or repeated attempts by the SPOE to obtain parental consent;**
- 2) **Complete the initial evaluation, the initial assessments (of the child and family), and the initial IFSP meeting as soon as possible after the documented exceptional family circumstances no longer exist or parental consent is obtained for the initial evaluation, and the initial assessment of the child; and,**
- 3) **Develop and implement an interim IFSP, to the extent appropriate.**

**The initial family assessment must be conducted within the 45-day timeline if the parent concurs, even if other family members are unavailable.**

#### **X. STATE ELIGIBILITY CRITERIA ~~(34 CFR 303.300)~~ (34 CFR 303.21)**

Children who are eligible for early intervention services are children between the ages of birth and 36 months who have been determined to have ~~diagnosed conditions that are associated with developmental disabilities or who have a developmental delay,~~ a diagnosed physical or mental condition associated with developmental disabilities, or a high probability of resulting in a developmental delay or disability, or children who have a developmental delay.

A) State Definition of Diagnosed Conditions

- 1) Newborn condition, **for a child referred prior to 12 months of age with a birth weight less than 1,500 grams with one or more of the following conditions diagnosed at birth or within 30 days post birth:**

- APGAR of 6 or less at 5 minutes
- ~~Intracranial bleeds~~ **Intraventricular hemorrhage (IVH)** (Grade II, III, or IV)
- ~~Ventilator dependent for 72 hours or more~~ **Any Positive Pressure Ventilation greater than 48 hours, including ventilator or oscillator**
- ~~Asphyxiation~~ **Resuscitation/code-event requiring chest compressions**

- 2) Diagnosed conditions, **for a child referred prior to 36 months of age, include, but are not limited to, the following:**

- **Autism Spectrum Disorders**  
**Autism, Pervasive Development Disorder-Not Otherwise Specified**
- **Chromosomal Trisomy**  
Down syndrome, **Edwards Syndrome, Patau Syndrome**
- **Craniofacial anomalies**  
**Cleft lip, Cleft Palate, Cleft Lip/Palate**
- **Disorders of the Nervous System**  
Cerebral Palsy, Encephalopathy, Epilepsy, Hydrocephalus, **Infantile Spasms**, Macro/Microcephalus, **Periventricular Leukomalacia**, Seizure Disorder, **Shaken Baby Syndrome, Spina Bifida, Stroke, Traumatic Brain Injury**
- **Disorders Related to Exposure to Toxic Substances**  
Fetal Alcohol Syndrome, **Lead Poisoning Level  $\geq 10 \mu\text{g/dL}$**
- **Infections/Viruses/Bacteria**  
Acquired Immune Deficiency Syndrome, Cytomegalovirus, Herpes, Rubella, Syphilis, Toxoplasmosis
- **Other Chromosomal Abnormalities**  
**Angelman Syndrome**, Cri-du-Chat Syndrome, **DiGeorge Syndrome**, Fragile X Syndrome, Triple X Syndrome, **Williams Syndrome**
- **Other Genetic/Congenital/Metabolic Conditions**  
Cyanotic Congenital Heart Disease, **Hypoplastic Left Heart Syndrome**, **Muscular Dystrophy – Duchenne Type**, **Noonan Syndrome**, **Phenylketonuria (PKU)**, Pierre Robin, **Spina-Bifida**, **Tetrology of Fallot**
- **Sensory Impairments**  
Blind, Deaf, **Hard of Hearing**, **Sensory-Integration Dysfunction**, **Sensory-Processing Disorder**, Visually Impaired
- **Severe Attachment Disorders**  
**Reactive Attachment Disorder**

- 3) Other Diagnosed Conditions, **for a child referred prior to 36 months of age, include conditions known to be associated with developmental disabilities. In order for other diagnosed conditions to be considered for eligibility, there must be based upon an informed clinical opinion provided by Board certificated neonatologists, pediatricians, geneticists, pediatric neurologists and/or other pediatric specialists. These physicians may refer a child by indicating the specific condition and documenting the potential impact of the condition in any of the five developmental areas.**

**B) State Definition of Developmental Delay (34 CFR 303.111)**

A developmental delay, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, is defined as a child who is functioning at half the developmental level that would be expected for a child developing within normal limits and of equal age. In the case of infants born prematurely, the adjusted chronological age, which is calculated by deducting one-half of the prematurity from the child's chronological age, should be assigned for a period of up to 12 months or longer if recommended by the child's physician. The delay must be identified in one or more of the following areas:

- cognitive development
- communication development
- adaptive development
- physical development, including vision and hearing
- social or emotional development

**C) Services to At-Risk Children**

It is the policy of the State of Missouri to not include children considered to be “at-risk” of having substantial developmental delays for eligibility in the Part C ~~system~~ **program**.

**D) Residency Requirements**

1) A child must be a resident of the State of Missouri to receive Part C services from the ~~State's system~~ **Part C program. This means:**

- a) a child living with a parent **as defined in Part C of the Individuals with Disabilities Act IDEA** in the State of Missouri is considered a resident.
- b) a child living in Missouri solely for the purpose of receiving Part C services is not considered a resident.

2) Citizenship or immigrant status is not a requirement of residency **and** cannot be used to deny Part C services to an eligible child and family.

**V. XI. EVALUATION AND ASSESSMENT PROCEDURES (34 CFR 303.322) (34 CFR 303.321)**

The ~~State of Missouri~~ **Department** ensures that the statewide system of early intervention ~~described in this application~~ includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth ~~through~~ **to age two three**, referred for evaluation and a family-directed **assessment to identify** ~~identification of~~ the needs of each child's family to appropriately assist in the development of the child.

**Procedures for Evaluation of the Child (34 CFR 303.321 (b))**

**In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility. The evaluation of the child must include:**

- 1) Administering an evaluation instrument;**
- 2) Taking the child's history (including interviewing the parent);**
- 3) Identifying the child's level of functioning in each of the developmental areas;**
- 4) Gathering information from other sources such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and,**
- 5) Reviewing medical, educational, or other records.**

### Determination That a Child is Eligible (34 CFR 303.321(a)(3))

A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) if those records indicate that the child's level of functioning in one or more of the developmental areas constitutes a developmental delay or that the child otherwise meets the criteria for a child with a disability.

Qualified personnel must use informed clinical opinion when conducting an evaluation of the child and an initial ~~and~~ assessment of the child. In addition, the lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child's eligibility under this Part C of the IDEA even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.

All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.

Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language of the child.

~~Once the child's eligibility is established, assessments of the child and family must be conducted so that the child receives:~~

- ~~a) a multidisciplinary assessment of the unique strengths and needs of that child and the identification of services appropriate to meet those needs; and,~~
- ~~b) a family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that child.~~

### Procedures for Initial Assessment of the Child (34 CFR 303.321 (c)(1))

Once the child's eligibility is established through an evaluation of the child or through the use of medical or other records, the initial assessment of the child must be conducted so that the child receives:

- 1) A review of the results of the evaluation of the child;
- 2) Personal observations of the child; and,
- 3) The identification of the child's needs in each of the developmental areas.

### Procedures for Assessment of the Family (34 CFR 303.321 (c)(2))

A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's child. The family-directed assessment must:

- 1) Be voluntary on the part of each family member participating in the assessment;
- 2) Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment; and,
- 3) Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed.



An initial assessment of the child and the family assessment may occur simultaneously with the evaluation of the child, provided that both the child and family assessment requirements are met.

#### Procedures for Ongoing Assessment of the Child (34 CFR 303.321 (c)(1))

An ongoing assessment of each eligible child must be conducted by qualified personnel in order to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs. The ongoing assessment of the child must include:

- 1) A review of the results of the evaluation of the child;
- 2) Personal observations of the child; and,
- 3) The identification of the child's needs in each of the developmental areas.

#### Determination That a Child is not Eligible (34 CFR 303.322)

If the child is not eligible, a Notice of Action for Ineligibility and a Parental Rights ~~Brochure~~ **Statement** must be provided to the parents.

### **VI XII. INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) (34 CFR 303.340 through 303.346)**

**The Department ensures the development, review, and implementation of an IFSP that is developed by a multidisciplinary team, which includes the parent, for each eligible child.**

#### Procedures for IFSP Development, Review and Evaluation (34 CFR 303.342)

##### Meeting to develop initial IFSP - Timelines

**For a child referred to and subsequently found eligible for the Part C program, a meeting to develop the initial IFSP must be conducted within 45-days of referral.**

##### Periodic review

The ~~State of Missouri~~ **Department** ensures that the IFSP for a child and the child's family is reviewed every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine the degree to which progress toward achieving the **results** or outcomes **identified in the IFSP** is being made, and whether modification or revision of the **results**, outcomes or services **identified in the IFSP** is necessary. Meetings or other means that are acceptable to parents and other participants may be used to conduct these reviews. If, as a result of the IFSP review, it is suggested that modifications or revisions to the outcomes or services are needed, then an IFSP team meeting must be held. Any modifications or revisions made as a result of the meeting shall be reflected in a new IFSP document.

##### Annual meeting to evaluate the IFSP

The ~~State of Missouri~~ **Department** ensures that a meeting is conducted at least annually to evaluate **and revise, as appropriate**, the IFSP for a child and the child's family. **The results of any** current evaluations and other information available from the ~~ongoing assessments~~ of the child and family **must be used** to determine what early intervention services are needed and will be provided.

##### Accessibility and convenience of meetings

The IFSP meetings ~~shall~~ **must** be conducted in settings and at times convenient to families **for the family** and in the native language of the family or other mode of communication used by the family, unless clearly not feasible to do so. Meeting arrangements must be made **with**, and written



notification provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

#### Parental Consent for Early Intervention Services

The ~~State of Missouri~~ **Department** ensures that the contents of the IFSP ~~shall be~~ **are** fully explained to parents and informed written consent from the parents ~~must be~~ **is** obtained prior to the provision of early intervention services described in the IFSP. **To ensure the timely provision of service, each early intervention service must be provided as soon as possible after written parental consent for that service.**

#### Participants in IFSP Meetings (34 CFR **303.340 and** 303.343)

Each initial **and annual** IFSP meeting must include the following participants:

- 1) The parent or parents of the child;
- 2) Other family members, as requested by the parent(s) if feasible to do so;
- 3) An advocate or person outside of the family, if the parent requests that the person participate;
- 4) The intake coordinator who has been working with the family since the initial referral for evaluation and/or **the Service Coordinator** that has been designated responsible for the implementation of the IFSP;
- 5) A person or persons directly involved in conducting the evaluations and assessments; and,
- 6) As appropriate, service providers to the child and/or family.

If a person directly involved in conducting an evaluation and/or assessment is unable to attend the IFSP meeting, arrangements must be made for that person's involvement through other means, such as participation by telephone conference call or through pertinent records that are available at the meeting. A knowledgeable authorized representative may also attend the meeting as a substitute for the person unable to attend. **This includes early intervention service providers who conduct ongoing assessments.**

#### Periodic IFSP Review—Participants

Each periodic review must include the following participants:

- 1) The parent or parents of the child;
- 2) Other family members, as requested by the parent(s) if feasible to do so;
- 3) An advocate or person outside the family, if the parent requests that the person participate; and,
- 4) The Service Coordinator that has been designated responsible for the implementation of the IFSP

If conditions warrant, provisions must be made for the participation of the following:

- 1) A person or persons directly involved in conducting the evaluations and assessments; and,
- 2) Service providers to the child and/or the family.

#### **~~Each IFSP team meeting must include:~~**

- ~~1) The parent or parents of the child;~~
- ~~2) Other family members, as requested by the **parent or** parents if feasible to do so;~~
- ~~3) An advocate or person outside of the family, if the parent requests that the person participate;~~
- ~~4) **The Service Coordinator; and,**~~
- ~~5) **At least one person from a discipline or profession separate from the Service Coordinator.**~~

**~~In addition,~~** each initial **and annual** IFSP meeting must include:

- ~~1) The person or persons directly involved in conducting the evaluation and/or assessment of the child; and,~~
- ~~2) As appropriate, person or persons who will be or are providing early intervention services to the child or family.~~

Content of the IFSP (34 CFR 303.344)

Each IFSP must contain the following components:

- 1) A statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based upon ~~professionally acceptable objective criteria~~ **the information from that child's evaluation and assessments;**
- 2) With the concurrence of the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of the child **as identified through the assessment of the family;**
- 3) A statement of the ~~major~~ **measureable results or measurable** outcomes expected to be achieved for the child **(including pre-literacy and language skills, as developmentally appropriate for the child)** and family; and the criteria, procedures, and timelines used to determine:
  - a) the degree to which progress toward achieving the **results or** outcomes **identified in the IFSP** is being made, and
  - b) whether modifications or revisions of the **expected results or** outcomes, or services **identified in the IFSP** are necessary;
- 4) A statement of the specific early intervention services, **based on peer-reviewed research to the extent practicable, that are** necessary to meet the unique needs of the child and the family to achieve the **results or outcomes**, including:
  - a) frequency and intensity, **which** means the number of days or sessions that a service will be provided, and whether the service is provided on an individual or group basis;
  - b) method, **which** means how a service is provided (i.e., whether the service is provided through consultation, family education, and/or direct service);
  - c) **length, which means the length of time the service is provided during each session of that service (such as an hour or other specified time period); and,**
  - d) **duration, which means projecting when a given service will no longer be provided (such as when the child is expected to achieve the results or outcomes in his or her IFSP);**
- 5) A statement **that each early intervention service is provided in the natural environment, to the maximum extent appropriate, for the child. The determination of the appropriate setting for providing early intervention services to the child, including any justification for not providing a particular early intervention service in the natural environment, must be made by the IFSP team (which includes the parent and other team members) and based on the child's outcomes. Only when early intervention services cannot be achieved satisfactorily in a natural environment is a justification required;**
- 6) The location of services (the actual place or places where a service will be provided);
- 7) The payment arrangements, if any;
- 8) Other services needed, but not required by Part C **of the IDEA**. To the extent appropriate, the IFSP must:
  - a) **identify** medical and other services that the child **or family needs or is receiving through other sources**, but that are ~~not~~ **neither** required **nor funded** by Part C **of the IDEA**; and,

- b) ~~the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources. This requirement does not apply to routine medical services such as immunizations and well baby care unless a child needs those services and the services are not otherwise available or being provided;~~  
**if those services are not currently being provided, include a description of the steps the Service Coordinator or family may take to assist the child and family in securing those other services;**
- 9) The projected dates for initiation of ~~the~~ **each** early intervention service as soon as possible after the ~~IFSP meeting~~ **parent consents to that service;**
- 10) The anticipated duration of ~~the~~ **each** early intervention service;
- 11) The name of the Service Coordinator responsible for ~~the implementation of the IFSP and coordination with other agencies and persons~~ **implementing the early intervention services identified in the child's IFSP, including transition services, and coordination with other agencies and persons;**
- 12) The steps **and services** to be taken to support the transition of the child ~~at age three~~ **from Part C services** to preschool services under Part B of IDEA to the extent that those services are appropriate, or to other **appropriate** services, (~~i.e.,~~ **e.g.,** Parents as Teachers, Head Start, Child Care, Title I Preschool Programs, etc.). The steps for transition must include:
  - a) discussions with, and training of parents, **as appropriate,** regarding future placements and other matters related to the child's transition;
  - b) procedures to prepare the child for changes in service delivery including steps to help the child adjust to and function in, a new setting;
  - c) confirmation that child find information about the child has been transmitted to the LEA or other relevant agency;**
  - d) with written parental consent, transmission of other information about the child to the ~~local education agency~~ **LEA,** to ensure continuity of services, including **a copy of the most recent** evaluation and assessments **of the child and family** and **most recent** IFSP; and,
  - e) identification of transition services and other activities that the IFSP Team determines are necessary to support the transition of the child.**

Interim IFSP- Provision of Services Before Evaluation and Assessment are Completed (34 CFR 303.345)

Early intervention services for an eligible child and the child's family may ~~commence~~ **begin** before the completion of the evaluation and assessment if the following conditions are met:

- 1) Informed, written parental consent is obtained;
- 2) An interim IFSP is developed that includes:
  - a) the name of the Service Coordinator who will be responsible for ~~implementation~~ **implementing** of the interim IFSP and ~~coordination~~ **coordinating** with other agencies and persons, and
  - b) the early intervention services that have been determined to be needed immediately by the child and the child's family; **and,**
- 3) The evaluation and assessment are completed within 45 calendar days of referral.

Responsibility and Accountability (34 CFR 303.346)

Each **participating** agency who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, Part C of the IDEA does not require that any **participating** agency be held accountable if an eligible child does not achieve the growth projected in the child's IFSP.

**F. XIII. TRANSITION TO PRESCHOOL AND OTHER PROGRAMS (~~34 CFR 303.148~~)  
(34 CFR 303.209)**

The ~~State of Missouri~~ **Department** has developed the following policies and procedures to ensure a smooth and effective transition from Part C services to Part B services for children with disabilities at age three. **For specific policies and procedures on transition from the Part C program to the Part B program, see Missouri's intra-agency agreement between Part C and Part B of IDEA.**

**SEA Notification**

**To ensure a smooth transition from the Part C program to the Part B program, lead agency staff notifies Part B staff of all children who may be eligible for Part B services in accordance with the procedures outlined in the Missouri intra-agency agreement between Part C and Part B of IDEA.**

**LEA Notification**

**In Missouri, all children in the Part C program are considered to be potentially eligible for Part B services. The Service Coordinator ~~will~~ **must** notify the LEA in which the child lives, **not fewer than 90 days before the child's third birthday**, that the child is approaching three (~~3~~) years of age and may be eligible for early childhood special education services under Part B of IDEA, **unless the parent objects according to the opt out policy. Notification** ~~includes limited~~ **occurs when** directory information (child's name and birth date, and parent's name, address, and telephone number) **is sent to the LEA.****

**If the SPOE determines a child is eligible for the Part C program more than 45 but less than 90 days before the child's third birthday, as soon as possible after determining the child's eligibility, the ~~SPOE~~ Service Coordinator notifies the LEA in which the child lives that the child is approaching three years of age and may be eligible for early childhood special education services under Part B.**

**If a child is referred to the Part C program fewer than 45 days before the child's third birthday, the SPOE is not required to conduct an evaluation, assessment, or an initial IFSP meeting. However, parental consent is required before the ~~SPOE~~ Service Coordinator notifies the LEA in which the child lives.**

**Opt Out Policy**

**The Department gives the parent a specified time period to object to the Service Coordinator providing directory information to the LEA. The time period aligns with the transition plan timeline of ~~must be~~ no fewer than 90 days before the child's third birthday unless the child is a late referral, and in such case, the time period is on or before the transition plan meeting.**

**The Service Coordinator explains directory information/opt out to the parent when preparing to schedule the transition plan meeting, unless the parent requests the notification to LEA beforehand. If the parent requests to opt out of sending directory information to the LEA, the Service Coordinator provides the Directory Information/Opt Out Information form to the parent at the time the request is made, which is prior to the transition plan meeting. The parent has until the transition plan meeting to return the Directory Information/Opt Out Information form to the Service Coordinator or directory information will be sent to the LEA upon the transition plan meeting. Upon receiving the parent's written objection prior to the transition plan meeting, a parent may "opt out" in writing ~~within the~~**

~~specified time period, that directory information provided to the local school district~~ **the Service Coordinator will not send directory information to the LEA.**

**The parent is informed that failure to send directory information to the LEA fewer than 90 days before the child's third birthday may result in a gap in services if the child is eligible for Part B.**

**The parent is also informed that, if after opting out initially, the parent later wants the Service Coordinator to send directory information to the LEA, the parent must contact the Service Coordinator immediately.**

#### **Transition Conference with LEA**

**The Department ensures that a transition conference with the LEA is held, with family approval, not fewer than 90 days and, at the discretion of all parties, not more than nine months before the child's third birthday. The purpose of the ~~contact~~ transition conference with LEA is to explain: the differences between Part C and Part B; the process the ~~district~~ LEA will complete to determine the child's eligibility for services under Part B; and, if eligible, any services the child may receive under Part B of the IDEA, the steps that will be necessary to assure the provision of services on the child's third birth date; and provide LEA personnel contact information.**

**The transition conference with LEA is an IFSP meeting and must meet the IFSP requirements for accessibility and convenience of meetings, parental consent for early intervention services and participants in IFSP meetings as described under Section XII. With family approval LEA personnel must be invited to the transition conference. ~~Once invited- LEA personnel must participate in the transition conference. LEA personnel can participate in the conference by attending in person, via video/conference call or sending a substitute.~~**

#### **Transition Plan Meeting**

**For all children participating in the Part C program, the Department ensures that a transition plan meeting is held not fewer than 90 days and, at the discretion of all parties, not more than nine months before the child's third birthday. The purpose of the transition plan meeting is to review the program options for the child after the child turns three years of age and to discuss the transition steps and services in the IFSP.**

**The transition plan meeting is an IFSP meeting and must meet the IFSP requirements for accessibility and convenience of meetings, parental consent for early intervention services and participants in IFSP meetings as described under Section XII. The family must be included in the development of the transition plan in the IFSP. The transition plan includes the steps for the child and family to exit from the Part C program to Part B of the IDEA or other services that the IFSP team identifies, as appropriate, for the child and family.**

**The steps in the transition plan must include, at a minimum, the following:**

- 1) Confirmation that directory information has been provided to the LEA; and,**
- 2) Confirmation of the provision of additional information needed by the LEA to ensure continuity of service from the Part C program, with parental consent, including:**
  - a) the most recent IFSP; and,**
  - b) a copy of the most recent evaluations and assessments of the child and family.**

### **Combining Transition Plan Meeting and Conference with LEA**

The transition plan meeting and conference with LEA may be combined into one meeting, however, all the requirements listed under the Transition Plan Meeting and Transition Conference with LEA must be addressed.

### **Late Referrals**

For children referred to the Part C program less than 135 days before the child's third birthday, and subsequently found eligible for Part C, the requirements for holding a transition plan meeting and transition conference with LEA depend upon the age of the child when referred.

For children referred to the Part C program less than 135 days but 90 days or more prior to the child's third birthday, the transition plan meeting and transition conference with LEA must be held as part of the initial IFSP meeting.

For children referred to the Part C program less than 90 but 45 days or more prior to the child's third birthday, the transition plan must be held as part of the initial IFSP but the transition conference with LEA is not required.

For children referred to the Part C program less than 45 days from the child's third birthday, the transition plan meeting and transition conference with LEA are not required.

### **Children with Summer Third Birthdays (34 CFR 300.323 (b), 303.501 (c)(1))**

In Missouri, once a Part C child with a third birthday of April 1 through August 15 is determined eligible for Part B, parents have the option for their child to receive a Free Appropriate Public Education (FAPE) upon the child's third birthday through an IEP or an IFSP. Children exiting Part C and eligible for Part B must have an Individualized Education Program (IEP) developed on or before the child's third birthday in order to receive FAPE through an IFSP that serves as the IEP.

A discussion of the parent's options for the child to receive FAPE through an IEP or an IFSP developed under 34 CFR 300.323(b) and a detailed explanation of the differences between the IEP and IFSP is part of the child's transition conference.

Children who will receive FAPE through an IFSP will continue to be served in Part C, where the IFSP developed under 34 CFR 300.323(b) serves as the IEP, until the initiation of the local district's school year in the fall. The IFSP team reviews the IEP information in order to develop the summer third birthday IFSP, which must include a statement of the natural environment and an educational component that promotes school readiness and incorporates pre-literacy, language and numeracy skills.

Children who will receive FAPE through an IEP will transition to the local school district upon the child's third birthday to receive services through Part B.

FAPE services provided to children with summer third birthdays, whether provided through an IEP or an IFSP, will be provided at no cost to the family.



**~~VII~~ XIV. COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (CSPD) (~~34 CFR 303.360~~) (34 CFR 303.118)**

The ~~State of Missouri~~ **Department** has developed a CSPD plan that **includes the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services available in the State. The CSPD plan includes:**

- 1) **Training personnel to** implement innovative strategies and activities for the recruitment and retention of early intervention providers;
- 2) Promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services;
- 3) **Training personnel to** ~~coordinating~~ **coordinate** transition services for ~~infants and toddlers~~ **children** from the early intervention system under Part C **of the IDEA** to preschool services under section 619 of Part B, **Head Start, Early Head Start**, or to other appropriate ~~services~~ **programs**;
- 4) Training personnel to work in rural and inner city areas; **and,**
- 5) **Training personnel to support families in participating fully in the development and implementation of the child's IFSP.**

**~~VII~~ XV. PERSONNEL STANDARDS (~~34 CFR 303.361~~) (34 CFR 303.119)**

**The Department ensures an early intervention system of appropriately and adequately prepared and trained personnel necessary to carry out the Part C of the IDEA requirements. Personnel must meet entry level standards in a specific profession or discipline and complete an initial module training prior to enrollment as an early intervention provider. Upon successful enrollment, providers have a specified timeline for completion of additional module trainings in order to continue deliver services.**

**The Department ensures early intervention providers are qualified through the administration of personnel standards that are consistent with** State approved or recognized certification, licensing, registration, or other comparable requirements that ~~a~~ **the** State legislature either has enacted or has authorized a State agency to promulgate through rules to establish the entry-level standards for employment in a specific profession or discipline in ~~that~~ **the** State.

**The Department utilizes paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy to assist in the provision of early intervention services under Part C of the IDEA to children with disabilities.**

**The Department ensures all personnel must meet the following qualifications in order to deliver services as an early intervention provider:**

***PERSONNEL STANDARDS***

<b>TITLE</b>	<b>RESPONSIBILITIES</b>	<b>EDUCATIONAL QUALIFICATIONS AND TRAINING REQUIREMENTS</b>	<b>CERTIFICATES OR LICENSE</b>
ABA Implementer	Implements ABA instruction	High school graduate or GED <b>First Steps Module Training 1</b>	Must have ongoing supervision and training by an ABA consultant
ABA Consultant/ <b>Licensed Behavior Analyst</b>	Provides direct service to families and children, provides consultation	Bachelors or Masters degree in human service field. <b>First Steps Module</b>	At least one of the following qualifications: <b>Behavior Analyst License</b>



	with others, assists with assessing and understanding behaviors, writes reports, and attends IFSP meetings. May design and facilitate intense behavioral programming as identified in a child's IFSP. May train ABA implementers in instructional techniques such as discrete trial training.	<b>Training 1-4</b>	<b>issued by the State Committee of Psychologists; OR</b> National or State Certification in Applied Behavior Analysis; OR Documentation of specific training in ABA with application to young children and <del>documentation of</del> experience in designing and implementing an ABA program with young children with autism spectrum disorders.
<b>Assistive Technology Provider</b>	<b>Obtains assistive technology devices identified in a child's IFSP, whether acquired commercially off the shelf, modified, or customized.</b>	<del>The provider must have academic preparation or job-related experience in assistive technology.</del> Documentation of an established assistive technology/ durable medical equipment business.	<del>The provider must be</del> Identified by the IFSP team and approved by the Department prior to obtaining devices.
Audiologist	Plans and implements screening, evaluation/diagnosis, and early intervention services for children who are deaf/hearing impaired.	Masters Degree	License issued by the State Board of Registration for the Healing Arts
Counselor, Licensed Professional	Provides individual and group counseling techniques, direct service to families and children, provides consultation with others, assists with assessing and understanding behaviors, conducts psychological assessments, writes reports, and attends IFSP meetings.	Masters Degree <b>First Steps Module Training 1-4</b>	Licensed <del>and issued</del> by the Committee for Professional Counselors <del>Counseling</del>
Dietitian	Provides direct service to families and children, provides consultation with others, conducts individualized nutritional assessments, writes reports, develops nutritional plans, and attends IFSP meetings.	Bachelors Degree and internship <b>First Steps Module Training 1-4</b>	Licensed <del>and issued</del> by the State Committee of Dietitians <b>effective July 1, 2000</b>
Interpreter for the Deaf	Facilitates communication for individuals who are deaf/hearing impaired.	High school diploma or GED	Intermediate certificate issued by the Commission for the Deaf and license issued by the Division of Professional Registration

Nurse, LPN	Provides health services under the direction of an RN or Physician.	Diploma from accredited LPN program One year course of study in practical nursing <b>First Steps Module Training 1, 3, 4</b>	Licensed <b>and issued</b> by the State Board of Nursing
Nurse, RN	Provides screening, evaluation, and diagnostic health information. Provides health services to families and children, consultation with others, and attends IFSP meetings.	Associates Degree <b>First Steps Module Training 1-4</b>	Licensed <b>and issued</b> by the State Board of Nursing
Occupational Therapist	Provides direct service to families and children, provides consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.	Bachelors Degree (prior to January 1, 2008) Masters Degree (effective January 1, 2008) <b>First Steps Module Training 1-4</b>	License issued by the Missouri Board of Occupational Therapy
Occupational Therapy Assistant/ COTA	Provides occupational therapy services under the direction of an enrolled First Steps Occupational Therapist.	Associate of Arts Degree <b>First Steps Module Training 1, 3, 4</b>	License issued by the Missouri Board of Occupational Therapy
<b>Ophthalmologist</b>	<b>Provides optical services for evaluation and diagnostic purposes only. May assist in planning and implementing early intervention services for children with disabilities.</b>	<b>Medical Degree</b>	<b>Physician license issued by the Missouri Board of Healing Arts, and Certification from the American Board of Ophthalmology</b>
Optometrist	Administers vision tests, participates on evaluation teams, provides vision services to eligible children with disabilities as specified on the IFSP, conducts consultation with others, and assists in planning and implementing early intervention.	Graduate of Approved School of Optometry	Licensed <b>and issued</b> by Missouri Board of Optometry
Orientation and Mobility Specialist	Provides orientation and mobility services.	Bachelors Degree with specialization in orientation and mobility, teaching the blind and visually impaired, rehabilitation teaching, special education, occupational therapy, physical therapy or closely	Certified by the Association for Education and Rehabilitation (AER) OR Demonstrated proficiency in O&M as required by a current contract with Rehabilitation Services for the Blind

		related area. <b>First Steps Module Training 1-4</b>	OR Visually Impaired Certification by the State Board of Education
Other Early Intervention provider ( <del>e.g., Transportation provider</del> )	Any trained professional not identified above, who is deemed an appropriate service provider for an IFSP service	<del>Personnel</del> <del>The provider must have</del> Academic preparation in the intervention area or job related experience in the intervention area.	<del>The provider must be</del> Identified by the IFSP team and approved by the Department prior to conducting services.
Paraprofessional in Early Intervention	Assists with the implementation of IFSPs under the direction of an enrolled Special Instructor, Speech Language Pathologist, Occupational Therapist or Physical Therapist.	High school diploma or GED <b>First Steps Module Training 1</b>	Must have ongoing supervision and training under the direction of designated supervisor.
Parent Advisor for children with sensory impairments	Provides parent education for parents of children who are blind, visually impaired, deaf or <b>hard of hearing</b> <del>impaired</del> .	Bachelors Degree <b>First Steps Module Training 1-4</b>	Successful completion of parent education for parents of children with sensory impairments provided through the Missouri School for the Deaf and/or Missouri School for the Blind
Physical Therapist	Provides direct service to families and children, provides consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.	Bachelors Degree (prior to December 31, 2002) Masters Degree (effective December 31, 2002) <b>First Steps Module Training 1-4</b>	License issued by the State Board of Registration for the Healing Arts
Physical Therapist Assistant/ <b>PTA</b>	Provides Physical Therapy services under the direction of an enrolled First Steps Physical Therapist.	60 hours prescribed course of study, Associates Degree <b>First Steps Module Training 1, 3, 4</b>	License issued by State Board of Registration for the Healing Arts
Physician	Provides medical services for evaluation and diagnostic purposes only. May assist in planning and implementing early intervention services for children with disabilities.	Medical Degree	Physician licensed by the State Board of Registration for the Healing Arts
Psychologists	Administers psychological tests, provides psychological services to family and child, and assists in planning and implementing early intervention services.	Masters Degree <b>First Steps Module Training 1-4</b>	Licensed <b>and issued</b> by the State Committee of Psychologists

Service Coordinator	<b>Conducts the family assessment, collects information on the child's development,</b> coordinates evaluation/assessments, facilitates the IFSP meeting, coordinates and monitors delivery of early intervention services, informs families of advocacy services, coordinates with medical and health providers, facilitates transition from the First Steps Program.	Bachelors or Masters Degree in one of the following (with one year documented experience working with families): <ul style="list-style-type: none"> <li>• Early Childhood Special Education</li> <li>• Early Childhood</li> <li>• Elementary Education</li> <li>• Special Education</li> <li>• Child/Human Development</li> <li>• Social Work</li> <li>• <b>Nursing</b></li> <li>• Psychology</li> <li>• Education Administration</li> <li>• Sociology</li> <li>• Family Science/Studies</li> <li>• Counseling</li> </ul> <b>First Steps Module Training 1-5</b>	<del>First Steps Credential Service Coordination Module</del>  <b>None required</b>
Social Worker, Licensed Clinical	Conducts individualized evaluation/assessment, diagnostic, and counseling methods or techniques to families and children, consults with providers in the prevention and identification of mental or social emotional conditions, and attends IFSP meetings.	Masters Degree <b>First Steps Module Training 1-4</b>	License issued by Missouri State Committee for Social Workers
Speech Language Pathologist	Provides direct service to families and children, conducts consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.	Masters Degree <b>First Steps Module Training 1-4</b>	License issued by the State Board of Registration for the Healing Arts
Speech Language Pathologist (Provisional)	Provides Speech Language services under the supervision of an enrolled First Steps Speech Language Pathologist.	Masters Degree <b>First Steps Module Training 1-4</b>	Provisional <del>license</del> <b>license issued</b> by State Board of Registration for the Healing Arts
<b>Speech Language Pathology Assistant</b>	<b>Provides Speech Language services under the supervision of an enrolled First Steps Speech Language Pathologist.</b>	<b>Bachelors Degree in Speech Language-Pathology</b> <b>First Steps Module Training 1, 3, 4</b>	<b>Registration issued by the State Board of Registration for the Healing Arts</b>
Special Instructor	Provides direct service to	Bachelors or Masters Degree	<del>First Steps Credential</del>

	families and children, provides consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.	<p>in one of the following (with one year documented experience working with <del>infants and toddlers</del> <b>children</b> with disabilities 0 - 5 and their families):</p> <ul style="list-style-type: none"> <li>• Child/Human Development</li> <li>• Special Education</li> <li>• Elementary Education</li> <li>• Education Administration</li> <li>• Early Childhood</li> <li>• Early Childhood Special Education</li> </ul> <p>Degree in one of the following (with three years documented experience working with <del>infants and toddlers</del> <b>children</b> with disabilities 0-5 and their families):</p> <ul style="list-style-type: none"> <li>• Psychology</li> <li>• Sociology</li> <li>• Social Work</li> <li>• Family Science/Studies</li> <li>• Nursing</li> </ul> <p><b>First Steps Module Training 1-4</b></p>	<p><del>Provider Training Modules</del>  <b>None required</b></p>
<p>Special Instructor – Deaf/<b>Hard of Hearing</b> <del>Impaired</del></p> <p>Special Instructor – Blind/Partially Sighted</p>	Provides direct service to families and children, provides consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.	Bachelors Degree <b>First Steps Module Training 1-4</b>	Special Education certification <b>issued</b> by the State board of education in Deaf and Hearing Impaired or Blind and Partially Sighted
<b>Translator</b>	<b>Provides information to parents in the native language and to providers as identified in the child's IFSP.</b>	<b>The provider must have High school diploma or GED and academic preparation or job related experience in the specified foreign language.</b>	<b>The provider must be Identified by the IFSP team and approved by the Department prior to conducting translations.</b>

### Policy to Address Shortage of Personnel

It is the policy of the State of Missouri **The Department** to make ongoing good faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to eligible children. ~~In those instances~~ **However**, when an appropriately and adequately trained individual **person** cannot be employed **located**, including **such as** a geographic area of the State where there is **with** a shortage of personnel that meet the qualifications, the most qualified individuals **person** available who **are is** making satisfactory progress toward completing applicable course work necessary to meet the **personnel** standards may be recruited, **on the condition that the qualifications are completed** within ~~three~~ **two** years **from the date of recruitment**.

### **~~IX.~~ XVI. PARENTAL RIGHTS (PROCEDURAL SAFEGUARDS) (34 CFR 303.400 through 303.438 and 303.449)**

The Department is responsible for establishing ~~or adopting procedural safeguards~~ **a parental rights statement** that meet the requirements, of this subpart **Part C of the IDEA including the provisions on confidentiality, parental consent and notice, educational surrogate, and dispute resolution procedures**. The Department ensuring effective implementation of the ~~safeguards~~ **parental rights** by each public **participating** agency in the State involved in the provision of early intervention services.

**The Department makes available to parents an initial copy of the child's early intervention record, at no cost to the parents.**

### **Confidentiality (34 CFR 303.401 through 303.417)**

**The Department ensures that the parents of a child referred are afforded the right to confidentiality of personally identifiable information, including the right to written notice of, and written consent to, the exchange of that information among agencies.**

**In accordance with the protections in Family Educational Rights and Privacy Act (FERPA) at 20 U.S.C. 1232g and 34 CFR part 99, the Department ensures that parents of children who are referred to, or receive services** ~~eligible children must be~~ **are given** ~~afforded~~ the opportunity to ~~examine/inspect/review~~ **inspect and review all early intervention records about the child and the child's family that are collected, maintained, or used, including records** ~~related~~ **ing** to evaluations and assessments, eligibility determinations, development and implementation of IFSPs, **provision of early intervention services**, individual complaints ~~dealing with~~ **involving** the child, and ~~any other area involving records about the child and the child's family~~ **or any other part of the child's early intervention record**.

It is the policy of the Department that all information collected and maintained by agencies responsible for the provision of early intervention services for children with disabilities ~~will be~~ **are** protected to ensure the confidentiality of all such information consistent with the specific procedures established in this section.

**The confidentiality procedures described in this section apply to the personally identifiable information of a child and the child's family that:**

- 1) Is contained in early intervention records collected, used, or maintained under Part C of the IDEA by the lead agency or a provider; and**
- 2) Applies from the point in time when the child is referred for early intervention services until the participating agency is no longer required to maintain or no longer maintains that information.**



To identify all children potentially eligible for services under Part B of the IDEA, the Department discloses to the LEA where the child resides, the following personally identifiable information:

- 1) A child's name;
- 2) A child's date of birth; and,
- 3) Parent contact information (parents' names, addresses, and telephone numbers).

The Department informs parents of eligible children of the intended disclosure to the LEA and allows the parents a specified time period to object to the disclosure in writing. If a parent objects during the time period, the Department will not disclose the personally identifiable information.

#### Notice to Parents ~~about Confidentiality~~ (34 CFR 300.561) (34 CFR 303.404)

The Department gives notice to the parent about the confidentiality requirements when a child is referred to the Part C program. The notice includes:

- 1) A description of the children on whom personally identifiable information is maintained, the types of information sought, the methods the Department intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information;
- 2) A summary of the policies and procedures that participating agencies must follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information;
- 3) A description of all the rights of parents and children regarding this information, including their rights under the Part C confidentiality provisions; and,
- 4) A description of the extent that the notice is provided in the native languages of the various population groups in the State.

#### Access Rights (34 CFR 300.562) (34 CFR 303.405)

**Upon parent request**, each SPOE ~~shall~~ **must** permit parents to inspect and review any early intervention records relating to their child that are collected, maintained, and used by the Part C **program** ~~System~~ without unnecessary delay and before any meeting regarding an IFSP or hearing relating to the identification, evaluation, placement or provision of early intervention services and, in no case, more than ~~45~~ **10 calendar** days after the request has been made. The right to review and inspect records includes:

- a) the right to a response from the SPOE to reasonable requests for explanations and interpretations of the records;
- b) **the right to request that the SPOE provide copies of the records containing** the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records; **and,**
- c) the right to have a representative of the parent inspect and review the records.

The SPOE may presume that the parent has authority to inspect and review records relating to ~~his/her~~ **the** child unless the SPOE has been advised **provided documentation** that the parent does not have the authority under applicable State laws governing such matters as **custody, foster care,** guardianship, separation, and divorce.

#### Record of Access (34 CFR 300.563) (34 CFR 303.406)

Each SPOE ~~shall~~ **must** maintain a record of all parties obtaining access to early intervention records collected, maintained or used under Part C of IDEA (except access by parents and authorized **representatives and** employees of the participating agency). The record ~~will~~ includes:

- a) name(s) of party;
- b) the date access was given; and,
- c) purpose for which the party is authorized to use the **early intervention** records.

The record of access shall be maintained in each file of each child that contains confidential information. The SPOE ~~is required to~~ **must** maintain a list of those employees who have access to early intervention records and maintain the list in a central location. Only employees of the SPOE who have a legitimate need to access education records ~~shall~~ **must** be included on the list.

Records on More Than One Child (34 CFR 300.564) (34 CFR 303.407)

If any early intervention record includes information on more than one child, the SPOE ~~shall~~ **must** allow parents to inspect and review only the information relating to their child or to be informed of ~~the~~ **that** specific information.

List of Types and Locations of Information (34 CFR 300.565) (34 CFR 303.408)

Each SPOE ~~shall~~ **must** provide parents, on request, a list of the types and locations of ~~education-~~ **early intervention** records collected, maintained, or used by the Part C **program** system.

Fees **for Records** (34 CFR 300.566) (34 CFR 303.409)

Each SPOE may charge a fee for copies of records which are made for parents if the fee does not effectively prevent the parents from exercising their right to inspect and review those records, **but** may not charge a fee to search for or to retrieve information. **As soon as possible after each IFSP meeting, the SPOE must provide at no cost to parents, a copy of each evaluation, assessment of the child, family assessment, and IFSP related to that IFSP meeting.**

Amendment of Records at Parent's Request (34 CFR 300.567, 300.570) (34 CFR 303.410)

A parent who believes that information in the early intervention records collected, maintained or used under **this Part C of the IDEA** is inaccurate, misleading, or violates the privacy or other rights of the child **or parent** may request the SPOE amend the information.

The SPOE ~~shall~~ **must** reach a decision regarding the request within a reasonable period of time after receipt of the request **to amend records**. If the SPOE agrees to the requested amendment, the records in question shall be amended as agreed to. If the SPOE ~~denies~~ **refuses** the request for an amendment, the SPOE ~~shall~~ **must** inform the parent of the ~~denial~~ **refusal** and advise the parent of their right to a hearing.

**Opportunity for a Hearing (34 CFR 303.411)**

**Upon parent request, the Department must provide parents with the opportunity for a hearing to challenge information in their child's early intervention records to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child or parents.**

**Result of Hearing (34 CFR 303.412)**

If, as a result of the hearing, the Department decides that the information is inaccurate, misleading, or in violation of the privacy or other rights of the child **or parent**, the SPOE ~~shall~~ **must** amend the information accordingly and so inform the parent in writing.

If, as a result of the hearing, the Department decides that the information is not inaccurate, misleading, or in violation of the privacy or other rights of the child **or parent**, the SPOE ~~shall~~

**must** inform the parent of the right to place in the records it maintains on the child a statement commenting on the information or setting forth any reason for disagreeing with the decisions of the SPOE. Any explanation placed in the records of the child must be maintained by the SPOE as a part of the child's records as long as the record or contested portion is maintained by the SPOE. If the record of the child or the contested portion is disclosed by the SPOE to any party, the explanation must also be disclosed to the party.

### **Hearing Procedures (34 CFR 303.413)**

**Any hearing that is held must be conducted according to the procedures in FERPA at 34 CFR 99.22.**

### **Consent ~~Prior to Disclosure or Use~~ REGARDING PERSONALLY IDENTIFIABLE INFORMATION (34 CFR 300.571) (34 CFR 303.414)**

~~The SPOE shall require written consent from the parent before it discloses information from the early intervention records of a child, unless it is authorized to do so under part 99. of the regulations implementing the Family Educational Rights and Privacy Act of 1974.~~

**The Department and the SPOE cannot disclose personally identifiable information to any party except participating agencies without parental consent, unless authorized to do so for LEA notification or as authorized in FERPA at 34 CFR 99.**

Written consent from the parent ~~shall~~ **must** be obtained before any personally identifiable information is:

- a) disclosed to anyone other than **authorized representatives**, officials, **or employees** of participating agencies collecting, **maintaining** or using ~~such data~~ **the information**; or,
- b) used for any purpose other than ~~meeting any requirement under~~ **Part C of the IDEA**.

**If the parent does not provide consent to disclose personally identifiable information, the SPOE must make reasonable efforts to ensure that the parent is fully aware that failure to provide consent may affect the child's ability to receive services under Part C of the IDEA.**

### **Safeguards ~~Protection of Confidentiality~~ (34 CFR 300.572) (34 CFR 303.415)**

Each SPOE ~~shall~~ **must** protect the ~~confidentially~~ **confidentiality** of personally identifiable information at the collection, **maintenance, use**, storage, disclosure, and destruction stages.

To assure protection, the SPOE ~~shall~~ **must**:

- a) appoint one official at each SPOE to be responsible for ensuring the confidentiality of any personally identifiable information;
- b) provide training or ~~information~~ **instruction** to all persons collecting or using personally identifiable information in the State's **Department's** policies and procedures governing such information; and,
- c) maintain, for public inspection, a current list of the names and positions of those employees within the SPOE who may have access to personally identifiable ~~data-~~ **information.**

### **Destruction of Information (34 CFR 300.573) (34 CFR 303.416)**

**Destruction of information** means physical destruction **of the record** or ~~removal of~~ **ensuring that** personal identifiers **are removed** from information so that the ~~information~~ **record** is no longer personally identifiable. The SPOE ~~shall~~ **must** inform parents when personally identifiable information collected, maintained, or used ~~under this part~~ **by the Part C program** is no longer needed to provide early intervention services to the child. **The Part C program maintains early**

**intervention** records for a minimum of three years from the date the child no longer receives early intervention services. The information must be **record is** destroyed at the request of the parent, subject to the federal requirement that however, **parents are also informed that** a permanent record containing the child's name, **date of birth**, address and phone number, may be retained without time limitation.

Enforcement (34 CFR 300.575) (34 CFR 303.417)

The Department, through the process of monitoring **enforcement of policies and procedures**, will assure **ensures** that each SPOE **participating agency** receiving and/or eligible for **federal** funds, from federal sources will have **follows** all such policies and procedures, as described herein **confidentiality provisions in accordance with Part C of the IDEA**.

**Parental Consent and Notice (34 CFR 303.420 through 303.421)**

~~PARENT CONSENT (34 CFR 303.404)~~

**Parental consent and ability to decline services (34 CFR 303.420)**

The ~~State of Missouri~~ **Department** ensures that written parental consent ~~will be~~ **is** obtained before:

- 1) ~~Conducting the initial evaluation and assessment of a child under sec. 303.322; and~~  
**Conducting all evaluations and assessments of a child;**
- 2) ~~Initiating the provision of early intervention services.~~ **Providing any early intervention services to the child;**
- 3) **Accessing and billing public insurance or private insurance; and,**
- 4) **Disclosing personally identifiable information.**

If the parent does not give consent (or withdraws consent after first providing it), the ~~Service Coordinator shall~~ **SPOE must** make reasonable efforts to ensure that the parent:

- 1) Is fully aware of the nature of the evaluation and assessment **of the child or** ~~of the services that~~ would be available; and,
- 2) Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.

**The** parent of **an** eligible child determines **if** they, their child, or other family members **will** accept or decline any early intervention service, and may decline ~~such~~ a service after first accepting it, without jeopardizing other early intervention services.

**The Department may not use the due process hearing procedures to challenge a parent's refusal to provide any consent.**

**If parent's failure to give consent would constitute neglect as defined in the Child Abuse and Neglect Laws of Missouri, Section 210.110 RSMo, a report should be made by the SPOE to the proper authorities.**

~~PRIOR NOTICE; NATIVE LANGUAGE (34 CFR 303.403)~~

**Prior written notice and parental rights (34 CFR 303.421)**

~~Written prior notice shall be given to parents of a child eligible under this part a reasonable time before the public agency or service provider proposes, or refuses, to initiate or change the~~

~~identification, evaluation, or placement of the child or the provision of appropriate early intervention services to the child and the child's family.~~

**Prior written notice must be provided to parents a reasonable time before the SPOE proposes, or refuses, to initiate or change the identification, evaluation, or placement of their child, or the provision of early intervention services to the eligible child and child's family.**

#### Content of the notice

~~This~~ **The** notice must be in sufficient detail to inform the parents about:

- 1) The action being proposed or refused;
- 2) The reasons for taking the action; and,
- 3) All ~~procedural safeguards~~ **parental rights** that are available, ~~under Secs. 303.401 and 303.460 of this part and The State complaint procedures under Secs 303.510 and 303.512, including a description of how to file a complaint and the timelines under those procedures.~~ **including a description of mediation, how to file a child complaint and/or a due process complaint and any timelines under those procedures.**

#### Notice in native language

The notice must be written in language understandable to the general public and be provided in the parent's native language **or other mode of communication used by the parent**, unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the **SPOE** ~~public agency, or designated provider, shall~~ **must** take steps to ensure that:

- a) the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
- b) the parent understands the notice; and,
- c) there is written evidence that the requirements of this ~~paragraph~~ **section** have been met.

#### Educational Surrogate (Surrogate Parents) ~~(34 CFR 303.406)~~ (34 CFR 303.422)

The Department ~~has established~~ **utilizes** the following **procedures** for the ~~appointment~~ **use** of educational surrogates:

#### Identifying the need for appointment

Any person may advise the agency responsible for providing early intervention services to a child with a disability that a child with a disability within its jurisdiction may be in need of a person to act as an educational surrogate. Notice can be given to the SPOE or directly to the Office of Special Education, Missouri Department of Elementary and Secondary Education.

#### Process of appointment

When the SPOE is informed of a child with disabilities living within its jurisdiction, it shall, within 30 days, determine whether an educational surrogate should be appointed. A request for the appointment of **an educational** surrogate shall be made within 10 days to the Office of Special Education. The Office of Special Education, ~~shall~~ **must**, within 30 days, appoint a person to act as an educational surrogate. The Office of Special Education shall maintain a registry of trained educational surrogates from which they will select individuals for appointment. If an educational surrogate dies, resigns, or is removed, within 15 days thereof, a replacement will be appointed.

#### Criteria for appointment

The ~~State Board of Education~~ **Office of Special Education** shall ~~shall~~ **must** appoint a person to act as a **educational** surrogate for the parent or guardian of a child with a disability as defined in Section 162.675, RSMo, to **ensure that the rights of a child are protected** when:

- 1) No parent **can be** identified;
- 2) **The SPOE**, after reasonable efforts, cannot locate a **parent**; or,
- 3) The child is a ward of the State **according to State law**.

**For children who are wards of the State or placed in foster care, the SPOE must consult with the agency that has been assigned care of the child. In the case of a child who is a ward of the State, the educational surrogate, instead of being appointed by the Department may be appointed by the judge overseeing the child's case provided that the educational surrogate meets the requirements of an educational surrogate as outlined by the Department.**

#### Qualifications for appointment

Any person who is appointed to act as an educational surrogate shall:

- a) be at least 18 years of age;
- b) not be an employee of any State agency or a person or an employee of a person providing early intervention services to the child or to any family member of the child (a person otherwise qualified to be an educational surrogate is not an employee of ~~an agency~~ **the Department** ~~simply solely~~ because he or she is ~~reimbursed~~ **paid by the Department** to serve as an educational surrogate);
- c) be free from any interest that may conflict with the interests of the child represented; and,
- d) have knowledge and skills that ensure adequate representation of the child.

#### Educational surrogate training

All educational surrogates shall ~~shall~~ **must** participate in a training session in which they ~~will~~ become familiar with the Missouri Educational Surrogate Program, acquire a basic understanding of the early intervention services provided through ~~First Steps~~ **the Part C Program** in Missouri, and develop the knowledge and skill necessary to adequately represent a child with disabilities. The Department shall provide the educational surrogate training.

#### SPOE responsibilities

Specifically, each SPOE shall ~~shall~~ **must**:

- a) designate a staff member who ~~will be~~ **is** responsible for overseeing the educational surrogate program in their agency. Unless notified otherwise, the Department ~~will~~ assumes that the educational surrogate contact person is the same as the SPOE **Director**; ~~contact person~~;
- b) complete and return to the Department a "Determination of Need for **Educational** Surrogate Appointment" form for each child believed to be eligible for receiving an **educational** surrogate appointment;
- c) assist the Department in recruiting educational surrogate volunteers and submit their names and addresses to the Department;
- d) be available to assist the Department with local educational surrogate training; and,
- e) complete and return to the Department an "Educational Surrogate Evaluation" form for each **educational** surrogate serving in the SPOE ~~catchment area~~ **region**.

#### Duties of the educational surrogate

An individual appointed to act as educational surrogate shall:



- a) complete and return to the Department the Educational Surrogate Application and Verification of Eligibility form;
- b) attend an educational surrogate training session;
- c) represent their assigned child in all decisions relating to the child's early intervention including matters related to the identification, evaluation, and placement of the child, and,
- d) notify the ~~System Point of Entry~~ **SPOE** or the Department if any conflicts develop, or if they will no longer be able to fulfill their educational surrogate role.

**The educational surrogate has the same rights as a parent for all purposes under Part C of the IDEA.**

#### Immunity from liability

The person appointed to act as an educational surrogate shall be immune from liability for any civil damage arising from any act or omission in representing the child in any decision related to the child's early intervention. This immunity shall not apply to intentional conduct, wanton and willful conduct, or gross negligence.

#### Reimbursement

The person appointed to act as an educational surrogate shall be reimbursed by the ~~State Board of Education~~ **Department** for all reasonable and necessary expenses incurred as a result of his or her representation of a child with a disability. Determination of "reasonable and necessary" expenses shall be made at the discretion of the Department and pursuant to State Office of Administration guidelines. Such expenses do not include attorney fees or child care/babysitting expenses.

#### Evaluation

The Department ~~will send~~ **s** to each ~~System Point of Entry~~ **SPOE** an evaluation form to complete for each educational surrogate, ~~in which they~~ **and the SPOE** will recommend the continuation or termination of the **educational** surrogate appointment. The ~~System Point of Entry~~ **SPOE** shall provide brief written discussions supporting a recommendation of termination and attach any existing documentation. Upon receipt of a recommendation of termination, the Office of Special Education will investigate and reach a decision on whether to terminate.

#### Termination

The educational surrogate appointment shall be terminated at the request of the educational surrogate or in the event of any of the following situations:

- a) the conclusions of the initial evaluation and assessment indicate that the child does not qualify for receiving early intervention services;
- b) the child's parent or guardian reappears to represent him or her, or wardship is terminated;
- c) the child is no longer in need of early intervention services;
- d) the child reaches the age of three and is no longer eligible for early intervention services and is determined to not be eligible for services in the Part B system; or,
- e) the educational surrogate fails to fulfill their responsibilities as defined by State and federal regulations.

~~MEDIATION AND DUE PROCESS HEARING PROCEDURES FOR PARENTS AND CHILDREN (34 CFR 303.419—303.425)~~

#### **Dispute Resolution Options**

### **Status of a child during the pendency of a due process complaint (34 CFR 303.430)**

During the pendency of any proceeding involving a **due process** complaint under this section, unless the ~~public agency~~ **Department** and parents of a child otherwise agree, the child must continue to receive the appropriate early intervention services ~~currently being provided~~ **in the setting identified in the IFSP that is consented to by the parents..**

If the **due process** complaint involves an application for initial services under Part **C of the IDEA**, the child must receive those services that are not in dispute.

### **Mediation (34 CFR 303.431)**

~~The State system includes written procedures for the timely administrative resolution of individual child complaints by parents concerning any of the matters in 34 CFR 303.403 (a). The State meets this requirement by developing procedures that:~~

- ~~1) Meet the requirements in 34 CFR 303.419 and 34 CFR 303.421 through 303.425, and~~
- ~~2) Provide parents a means of filing a complaint.~~

**The Department allows parties to resolve disputes involving any matter under Part C of the IDEA, at any time, through a mediation process. Mediation is:**

- a) voluntary on the part of the parties;**
- b) not used to deny or delay a parent's right to a due process hearing, or to deny any other rights afforded under Part C of the IDEA;**
- c) conducted by a qualified and impartial mediator who is trained in effective mediation techniques; and,**
- d) provided at no cost to parents.**

The parties must mutually agree on a mediator from the trained mediator list maintained by the Office of Special Education.

### **Mediation is conducted as follows:**

- a) mediation must be scheduled within ~~fifteen~~ **15** days of the selection of a mediator;
- b) mediation must be conducted at a time and place mutually agreed upon by the parties;
- c) mediation must be completed within ~~thirty~~ **30** days of the agreement to mediate;
- d) any agreement reached during the mediation must be in writing and delivered to each party;
- e) no more than three persons can accompany each party unless the parties mutually agree on additional participants;
- f) no attorney shall participate or attend on behalf of any party at the mediation session. However, a lay advocate may accompany parents; ~~and,~~
- g) discussions ~~held~~ **that occur** during a ~~the~~ mediation session ~~process~~ **are must be** confidential and ~~cannot~~ **may not** be used later as evidence in a **any subsequent** due process hearing or civil ~~action~~ **proceeding of any Federal court or State court of a State receiving assistance under Part C of the IDEA.**

**If the parties resolve a dispute through the mediation process, the parties must execute a legally binding agreement that sets forth that resolution and that:**

- 1) States that all discussions that occurred during the mediation process will remain confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding; and,**
- 2) Is signed by both the parent and a representative of the participating agency who has the authority to bind such agency.**

**A written, signed mediation agreement is enforceable in any State court of competent jurisdiction or in a district court of the United States.**

Mediator qualifications:

- a) mediators must be impartial and free of any conflict of interest;
- b) mediators shall not be employees of a ~~public or private~~ agency that is involved in the early intervention services for the child and/or family;
- c) mediators must have knowledge of laws and regulations relating to the provision of appropriate early intervention service to children with disabilities;
- d) mediators must have a minimum of 16 hours of training as a mediator and provide the Department with a resume or biographical statement reflecting their qualifications; and,
- e) mediators, to be placed on the Department mediator list, must meet the above requirements and must agree to be compensated at a set rate.

**A person who otherwise qualifies as a mediator is not an employee of the Department solely because he or she is paid by the Department to serve as a mediator.**

#### Effect on due process hearing timelines

The process for assigning a hearing officer and scheduling a due process hearing may occur simultaneously with the mediation process. In the event that the due process hearing is scheduled for a date prior to the date of the completion of the mediation, one or both of the parties may request, and obtain, an extension of the due process hearing timeline from the hearing officer if the desire is to proceed with the mediation.

#### ~~ADOPTING STATE~~ **Child** complaint procedures (34 CFR 303.510) (34 CFR 303.432 to 303.433)

The Department has written procedures for receiving and resolving any written and signed **child** complaint that any ~~public~~ **participating** agency ~~or private service provider~~ is violating a requirement of Part C **of the IDEA. The Department disseminates the Missouri Part C Child Complaint procedures to** parents and other interested individuals including parent training centers, Protection and Advocacy agencies, and other appropriate entities, through a variety of public awareness activities.

#### **Filing a Child Complaint (34 CFR 303.434)**

Any individual or organization may file a **signed written child** complaint with the Department.

**The child complaint must include:**

- 1) **A statement that a participating agency has violated a requirement of Part C of the IDEA;**
- 2) **The facts on which the statement is based;**
- 3) **The signature and contact information for the complainant; and,**
- 4) **If alleging violations with respect to a specific child:**
  - a) **the name and address of the residence of the child;**
  - b) **the name of the provider serving the child;**
  - c) **a description of the nature of the problem of the child, including facts relating to the problem; and,**

- d) a proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed.

**The child complaint must allege a violation that occurred not more than one year prior to the date that the complaint is received. The party filing the complaint must forward a copy of the complaint to the SPOE or provider serving the child at the same time the party files the complaint with the Department.**

#### Processing of **child** complaint Record

Upon receipt, the **child** complaint ~~shall~~ **must** be reviewed by **Department personnel** ~~the Child-Complaint Coordinator~~ and staff **are** assigned to investigate it. **The child complaint investigation process includes:**

- 1) **The Department must send** notice to the agency against which the complaint is filed **and to the complainant**. The notice includes a statement of the elements of the complaint, a description of the investigation process and an invitation to provide any relevant information that the **parties want** considered.
- 2) Documentation requests and phone interviews ~~will be~~ **are** the primary methods of data collection in the **child** complaint investigation. **The complainant** ~~are~~ **is** given the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint. **The respondent has an opportunity to respond to the complaint, including, at a minimum, a proposal to resolve the complaint and an opportunity for a parent who has filed a complaint and the respondent to voluntarily engage in mediation.**
- 4) If the ~~lead agency~~ **Department** determines that the investigation requires an on-site visit, separate notice to the agency shall be given. This notice may be given by phone, or may be in writing. The notice ~~shall~~ **must** include a statement of the records to be made available, staff to be interviewed, and any need for access to agency facilities.

#### Investigation timelines

The Office of Special Education **Department** ~~shall have~~ **has**, upon receipt of the complaint, 60 calendar days to review all relevant information and issue a letter of findings whether the agency is violating a requirement of Part C **of the IDEA** regulations. The Commissioner of Education **may grant extension of this time limit** if exceptional circumstances exist with respect to the particular complaint or **if the parent and the respondent agree to extend the time to engage in mediation** ~~may grant extension of this time limit~~. If such an extension is given, notice ~~shall~~ **must** be given to the complainant and the agency under investigation, with documentation of that notice to be maintained within the child complaint file.

#### Resolution of the **child** complaint

Resolution of a ~~system~~ **child** complaint ~~shall~~ **must** be through the issuance of a **written** decision letter of findings by the Commissioner of Education. The decision letter ~~shall~~ **must** include findings of fact and conclusions, and provide reasons for the decision. These findings address each allegation in the complaint and reviews of the investigation results, including any information in an on-site investigation or from a data request. Technical assistance is available to implement any corrective actions ordered. The basis for resolution may be any one of the following:

- 1) A decision that the party is in compliance.
- 2) A decision that the party is out of compliance, but that voluntary corrective action has been taken requiring no further corrective action.
- 3) A decision that the party is out of compliance and ordering a specific corrective action to be completed by a certain date.

### Remedies of denial of appropriate services

In resolving a **child** complaint in which ~~it~~ **the Department** finds a failure to provide appropriate services, ~~a lead agency~~ **the Department**, pursuant to its general supervisory authority under Part C of the ~~Act~~ **IDEA**, must address how to remediate the ~~denial~~ **failure to provide appropriate services** of those services, including as appropriate, **compensatory services** or the awarding of monetary reimbursement or other corrective action appropriate to **address** the needs of the child and the child's family and appropriate future provision of services for all ~~infants and toddlers~~ **children** with disabilities and their families.

### Appeal rights

The findings of the Commissioner of Education related to the **child** complaint shall constitute a final decision of the Department **which cannot be appealed**.

### Complaint filing and due process hearing requests

If a written **child** complaint is received that is also the subject of a due process hearing or contains multiple issues, of which one or more are part of that hearing, the ~~State~~ **Department** must set aside any part of the **child** complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the **child** complaint that is not part of the due process ~~action~~ **hearing** must be resolved within the 60-calendar-day timeline using the **child** complaint procedures described in this section.

If an issue is raised in a **child** complaint that has previously been decided in a due process hearing involving the same parties, the **due process** hearing decision is binding **on that issue** and the ~~State~~ **Department** must ~~so~~ inform the complainant. A **child** complaint alleging an ~~public agency's~~ or ~~private~~ service provider's failure to implement a due process **hearing** decision must be resolved by the Department.

### Due process hearing procedures

To initiate a due process hearing, a written statement requesting a due process hearing and indicating the concerns must be submitted to the Compliance Section, Office of Special Education, Department of Elementary and Secondary Education. **The due process complaint must allege a violation that occurred not more than one year before the date the due process complaint is received.** Within 30 days of receipt of this statement, a hearing ~~will be~~ **is** held to review the concerns. The hearing ~~will be~~ **is** conducted by a hearing officer named by the Office of Special Education.

### Appointment of an impartial **due process hearing officer** ~~person~~ (34 CFR 303.421)-(34 CFR 303.435)

An impartial person must be appointed as a hearing officer to implement the ~~complaint resolution process~~ **due process hearing procedures** in this ~~Subpart~~ **section**. The person must have knowledge about the provisions of Part C **of the IDEA** and the needs of, and services available for eligible children and their families. **The due process hearing officer** performs the following duties:

- 1) Listen to the presentation of relevant view points about the complaint, examine all information relevant to the issues and seek to reach a timely resolution of the complaint, and
- 2) Provide a record of the proceedings, including a written decision.

As used ~~in this section~~ **for due process hearings**, impartial means that the ~~person~~ **due process hearing officer** appointed to implement the complaint resolution process:

- 1) Is not an employee of ~~any agency~~ **the Department** or ~~other entity~~ **a provider** involved in the provision of early intervention services or care of the child or child's family, and
- 2) Does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

A person who otherwise qualifies ~~under this section~~ **as a due process hearing officer** is not an employee of ~~an agency~~ **the Department** solely because the person is paid by the ~~agency~~ **Department** to implement the ~~complaint resolution process~~ **due process hearing procedures**.

Parent rights in Administrative **due process hearing** proceedings (34 CFR 303.422) (34 CFR 303.436)

The Department ensures that parents of ~~children eligible under this part~~ **a child referred to Part C of the IDEA, involved in a due process hearing**, ~~are afforded the rights in this section in any administrative proceedings carried out under 34 CFR 303.420 that include the following:~~ **have the right to:**

- 1) Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for children ~~eligible under this part~~ **with disabilities;**
- 2) Present evidence, and confront, cross-examine, and compel the attendance of witnesses;
- 3) Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the ~~proceeding~~ **hearing;**
- 4) Obtain a written or electronic verbatim transcription of the ~~proceedings~~ **hearing at no cost to the parent;** and,
- 5) ~~Obtain written~~ **Receive a written copy of the** findings of fact and decisions **at no cost to the parent.**

Convenience of Proceedings; **due process hearings and** timelines (34 CFR 303.423) (34 CFR 303.437)

Any ~~proceeding~~ **due process hearing** is carried out at a time and place that is reasonably convenient to the parents. The Department ensures that no later than 30 days after the receipt of a parent's **due process** complaint, ~~the impartial proceeding required under this section~~ **the due process hearing** is completed and a written decision mailed to each of the parties.

**A hearing officer may grant specific extensions of time beyond the 30 days at the request of either party.**

Civil action (34 CFR 303.424) (34 CFR 303.438)

Any party aggrieved by the findings and decision ~~regarding an administrative complaint~~ **issued pursuant to a due process complaint** has the right to bring a civil action in State or federal court.

**~~XII. POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS~~**

**XVII. FISCAL ADMINISTRATION (34 CFR 303.500 through 303.521)**

**The Department ensures a statewide system of fiscal administration includes provisions for the permissive use of Part C funds, the payor of last resort and a system of payments.**

**Use of Funds (34 CFR 303.501)**

**Part C funds may be used for activities or expenses that are reasonable and necessary for implementing the Part C program. This includes:**



- Direct early intervention services to children with disabilities in the Part C program that are not otherwise funded through other public or private sources; ~~birth to age-three~~;
- To expand and improve services to children with disabilities in the Part C program ~~birth to age three~~ that are otherwise available;
- To provide FAPE in accordance with Part B of IDEA, to children with disabilities from the third birthday to the beginning of the following school year; and,
- To strengthen the statewide system by initiating, expanding or improving collaborative efforts related to at-risk children.

#### Payor of Last Resort (34 CFR 303.510)

Part C funds may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source. Part C funds are used only for early intervention services that a child with a disability needs but is not currently entitled to receive or have payment made from any other Federal, State, local, or private source.

Part C funds are used as a payor of last resort. If necessary to prevent a delay in the timely provision of appropriate early intervention services to a child or the child's family, Part C funds may be used as interim payment to pay the provider of services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment. Participation in the Part C program does not permit state agencies to reduce medical or other assistance available to a child with a disability in the State when those services are also included in the child's IFSP.

#### Funding Sources (303.511)

The Department administers all funds received for the delivery of Part C services. The state and federal funds that support the Part C program include:

- 1) **State Appropriations:** Each fiscal year, the General Assembly appropriates general revenue funding for the Part C program. This funding is used to meet the Maintenance of Effort requirements under Part C of the IDEA. State funds are expended on direct services, contracts, SICC and training;
- 2) **Part C of the IDEA Grant:** Each fiscal year, the Department applies for the Part C of the IDEA grant through the U.S. Department of Education. Part C funds are expended on direct services; and,
- 3) **Part B of the IDEA Grant:** Each fiscal year, the Department applies for the Part B of the IDEA grant through the U.S. Department of Education. Part B funds are expended on state administration, direct services and training.

#### **XVIII. SYSTEM OF PAYMENTS (34 CFR 303.520 and 303. 521)**

In addition to State and federal funds, the Part C program utilizes family cost participation, private insurance and public insurance (MO HealthNet/Medicaid), thus creating a system of payments to fund the program. The Department has in place interagency agreements and state statutes establishing financial responsibility for early intervention services.

The System of Payments policy is provided to parents before ~~financial consent and consent for early intervention services are~~ is obtained to use private and/or public insurance to pay for early intervention services and before consent is obtained for the provision of early intervention services. This policy explains the monthly participation fee and how parents

may contest the imposition of a fee and/or the Department's determination of the parent's ability to pay a fee. This policy also explains potential costs that parents may have when the parent's private or public insurance is used to help pay for early intervention services.

#### **Family Cost Participation (FCP) (34 CFR 303.521)**

The Department implements a system of payments which establishes family participation in the cost of providing early intervention services as mandated in the *RSMo 160.920*. Each eligible child and family participating in the Part C program is assessed to determine an ability to pay a participation fee. The following definitions help families understand the collection of information for determining the FCP fee and how the fees are calculated:

#### **Adjusted gross income**

Adjusted gross income means the adjusted income as reflected on the previous year's federal income tax form.

#### **Family cost participation/family fee**

Family cost participation/family fee means the maximum amount the family must pay per month based on the family's ability to pay, considering the family's adjusted income as determined on the previous year's federal income tax form. The fee is based on a family unit, not per individual child.

#### **Family expenses**

Family expenses mean costs paid by the family, including extraordinary medical expenses, which may be considered in assessing financial hardship to determine if an adjustment to the calculated monthly fee is appropriate.

#### **Family unit/household size**

Family unit/household size means the group of individuals in the same household whose information is used to determine family size and financial resources. It could include, but is not limited to, biological parents, adoptive parents, step-parents, and children (biological and adoptive). For the purposes of determining the size of the family unit, dependency for family members must meet the dependency test applied by the federal Internal Revenue Code.

#### **Head of household/financially liable person**

Head of household/financially liable person means the individual who is obligated to pay the calculated monthly fees for participation.

#### **Income verification**

Income verification means the process of reviewing family documentation of income and allowable expenses occurs during the intake process, annual review, or at other times as requested by the family, the SPOE, or the Department.

#### **Gross annual earned income**

Gross annual earned income means the total income from employment sources before payroll deductions and other withholdings. Examples include salaries and wages, tips, commissions, bonuses and any other income as required in the reporting of federal income tax.

### Gross annual unearned income

Gross annual unearned income means the total income from investments and other sources unrelated to employment. Examples include interest earnings, tips, dividends, annuities, rents, pensions, disability/survivor benefits, workers compensation, unemployment, retirement benefits, and any other income as required in the reporting of federal income tax.

The federal income tax return is the preferred method for collecting adjusted gross income and family unit/household size.

### FCP fee schedule

FCP fees are based on a sliding scale that considers the adjusted gross income for the family and the number of family members. The determination of the parent's ability or inability to pay is made at the initial IFSP, the annual IFSP and at other times as requested by the family. For families assessed a fee, the minimum fee is \$5.00 and the maximum fee is \$100.00 per month. The sliding scale was developed using 200% of the federal poverty guidelines for the year 2005.

The sliding scale is updated annually when changes occur in the federal poverty guidelines. Changes to the calculated amount of the family fees take effect the month following the change. The sliding scale may be viewed at:

<http://www.dese.mo.gov/divspeced/FirstSteps/FCPmainpg.htm>.

### FCP fee adjustments and financial hardship

Adjustments to the monthly FCP fee may be increased or decreased at any time, including during the initial fee assessment, for the following situations:

- Change in family unit/household size;
- Change in gross annual income of more than ten percent; and,
- Financial hardship in which unplanned events impact the family's financial situation and expenses (including but not limited to: loss of home, loss of job, extraordinary medical expenses and other events determined appropriate by the SPOE Director).

The parent has 15 working days to report a change to the Service Coordinator. If the parent fails to report the change within the appropriate time frame and a reduction in fee is calculated for the family, the new reduced fee is not retroactive to the time the change occurred.

### Assessment of FCP

Each eligible child and family participating in the Part C program is assessed for a FCP fee and classified as having the ability or inability to pay.

*Ability to pay* refers to the determination of a family's financial ability to contribute to the cost of services provided by the Part C program. This determination is based on the family's placement on a sliding fee scale. Placement on the scale at the minimum family participation rate (greater than \$0) as established by statute or by the lead agency indicates an ability to pay.

According to *RSMo 160.920*, if the family is determined to have an ability to pay, an increased fee is charged, but not more than the actual cost of the early intervention services, in the following situations:

- Parent refuses to provide financial information to the SPOE in order to calculate the fee;
- Parent provides false or misleading information; and,
- Parent refuses to provide or withdraws consent to use private insurance.

*Inability to pay* refers to a determination that the family is not able to financially contribute to the cost of services provided by the Part C program. Placement on the sliding fee scale at \$0 indicates an inability to pay.

The family is determined to have an inability to pay if the child/family is enrolled in Medicaid (under any state entitlement program), Supplemental Security Income (SSI), Food Stamps or the child is in foster care. Furthermore, participation in the Part C program does not reduce medical or other assistance available in the state or alter eligibility under Title V or XIX of the Social Security Act.

If the family is determined to have an inability to pay, the refusal of parental consent to use private insurance may not be used to delay or deny any services. A family determined to have an inability to pay receives all early intervention services at no-cost.

*Failure to pay* refers to a determination that the family had the ability to pay, but has failed to pay the FCP monthly fees. The Department takes action to collect any unpaid amounts due. According to *RSMo 160.920*, these actions include, but are not limited to, suspension of early intervention services except those provided at no cost. The family is notified by mail when monthly fees are:

- 30 days past due;
- 60 days past due; and,
- 75 days past due.

On the 75<sup>th</sup> day after non-payment of the calculated monthly fees, the head of household receives prior written notice by mail indicating that early intervention services (except those provided at no-cost) will be suspended on the 90<sup>th</sup> day of non-payment. The Department must also notify the appropriate SPOE when a family is in non-payment status. The data system contains a comment that services were suspended due to non-payment of required fees. A family may not receive services until the reinstatement criteria are met.

#### Reinstatement criteria

Services suspended due to non-payment of applicable fees may be reinstated upon full payment of the balance due. If less than three months have passed since the suspension of services, the Service Coordinator must reassess the FCP amount before reinstating services. However, if more than three months have passed since suspension of services, the Service Coordinator must reassess both the FCP amount and the existing IFSP activities before reinstating services. The family is not guaranteed the same provider as was assigned prior to the suspension of services.

#### FCP statement

The Central Finance Office sends the family a monthly statement and collects the fees. The monthly fee is due for any portion of a month in which early intervention services are delivered to the family. Families are not charged more than the actual cost of the service (factoring in any amount received from other sources for payment for that service). Families

with public insurance or private insurance are not charged disproportionately more than families who do not have public insurance or private insurance.

#### **Dispute of FCP fees**

A parent who wishes to contest the imposition of a fee, or the state's determination of the parent's ability to pay, may do one of the following:

- 1) Participate in mediation.
- 2) Request a due process hearing.
- 3) File a state complaint.
- 4) Use any other procedure established by the state for speedy resolution of financial claims, provided that such use does not delay or deny the parent's rights.

#### **FCP funding**

FCP funding is not considered as state or local funds, but rather as program income as defined in EDGAR at 34 CFR 80.25, and is added to the availability of funds for early intervention services. This funding is expended in the following area:

- Direct early intervention services.

#### **No-cost services**

The following services are provided at no-cost to all children and families referred to the Part C program:

- Child find activities;
- Evaluation and assessment;
- Service coordination; and,
- Administration and coordination activities (including the development, review, and evaluation of IFSPs and the provision of parental rights).

All early intervention services except the no-cost services are subject to a fee.

#### **Private Insurance (34 CFR 303.520)**

The Department implements a system of payments which establishes private insurance participation in the cost of providing early intervention services. As mandated by *RSMo 3786.1218*, private insurance carriers practicing in Missouri are billed according to the annual declaration. Insurance carriers may choose one of the options below on the annual declaration:

#### **Bulk/percentage option**

The insurance carrier pays the Part C program by January 31<sup>st</sup> of the calendar year an amount equal to one-half of one percent of the direct written premium for health benefit plans as reported to the Department of Insurance, Financial Institutions and Professional Registration on the health carrier's most recently filed annual financial statement, or five hundred thousand dollars, whichever is less. Individual child or service information is not released to the insurance carrier under the bulk/percentage option and parents are notified of this at the time of parental consent.

#### **Direct option**

The insurance carrier pays the applicable MO HealthNet/Medicaid rate applied to each early intervention service claim billed for occupational therapy, speech/language therapy, physical therapy, and assistive technology. Individual child and service information is released to the

insurance carrier under the direct option and parents are notified of this at the time of parental consent.

#### Use of private insurance

The family may incur ramifications for the use of the parent's private insurance. Parents are notified of the possible ramifications at the time of parental consent to use private insurance, as follows:

- 1) The use of private health insurance to pay for early intervention services may count towards or result in a loss of benefits due to the annual or lifetime health insurance coverage caps for the child, parents, or family members.
- 2) The use of private health insurance to pay for early intervention services may negatively affect the availability of health insurance to the child, parent, or family members; including being cancelled.
- 3) The use of private health insurance to pay for early intervention services may be the basis for increasing the health insurance premiums for the child, parent, or family members.

In the event the availability of health insurance is negatively impacted due to Part C program participation, the family should contact the Service Coordinator.

#### Premiums/co-pays/deductibles

Parents are responsible to pay the premiums for the parent's private insurance plans. The Part C program acts as the provider of service and does not impose deductibles or co-payments when private insurance is used to pay for early intervention services. In the event the family is charged a deductible or co-pay, the family should contact the Service Coordinator.

#### Parental consent for private insurance

The SPOE obtains parental consent before the Part C program seeks to use the parent's private insurance to pay for the initial provision of early intervention services in accordance with the IFSP. The SPOE also obtains parental consent before the Part C program seeks to use the parent's private insurance to pay for an increase in length, duration, frequency, or intensity to early intervention services in accordance with the IFSP.

Obtaining parental consent for the use of the parent's private insurance means personally identifiable information is released in order to bill private insurance for early intervention services. If the family is determined to have the inability to pay, the refusal of parental consent to use private insurance may not be used to delay or deny any services.

According to *RSMo 160.920* an increased fee for family cost participation may be charged to the parent for refusal to use private insurance, but families are not charged more than the actual cost of the early intervention services.

If the family has private insurance, where private insurance is required to pay before public insurance, the family may incur ramifications as described in the *Use of private insurance for direct option* section.



### Private insurance funding

Proceeds from private insurance are not considered as state or local funds, or as program income. These funds are added to the availability of funds for early intervention services and expended in the following area:

- Direct early intervention services.

### Public Insurance (34 CFR 303.520)

The Department implements a system of payments which establishes public insurance participation in the cost of providing early intervention services. Public insurance refers to MO HealthNet/Medicaid funds.

The Department informs families of the public insurance availability but does not require a parent to sign up for or enroll in public insurance as a condition of receiving early intervention services.

### Use of public insurance

According to the terms of the interagency agreement between the Department and the MO HealthNet Division, MO HealthNet/Medicaid claims for early intervention services are not in violation of the child's or parent's public insurance provisions listed below:

- 1) Decrease available lifetime coverage or any other insured benefit for that child or parent under that program.
- 2) Result in the child's parents paying for services that would otherwise be covered by the public insurance program.
- 3) Result in any increase in premiums or discontinuation of public insurance for that child or that child's parents.
- 4) Risk loss of eligibility for the child or that child's parents for home and community-based waivers based on aggregate health-related expenditures.

### Notification to parents

The SPOE obtains parental consent before personally identifiable information is released to MO HealthNet/Medicaid in order to bill for early intervention services.

If the parent does not provide consent to use public insurance, no-cost services and any early intervention services listed on the child's IFSP for which the parent provides consent must still be available to the child.

Parents may withdraw the consent to public insurance at any time.

Parents are responsible to pay the premiums for the parent's public insurance, if applicable. For families with public insurance, the Part C program acts as the provider of service and does not impose deductibles or co-payments for early intervention services.

### Parental consent for public insurance

The SPOE obtains parental consent before releasing personally identifiable information to MO HealthNet/Medicaid to enroll the child/parent in MO HealthNet or to use public insurance to pay for Part C services in accordance with the IFSP. Parental consent for public insurance must also be obtained if a violation of the public insurance provisions occurs as described in the *Use of public insurance* section. ~~The SPOE also obtains parental consent~~

~~before the Part C program seeks to use the parent's public insurance to pay for the initial provision of early intervention services in accordance with the IFSP.~~

~~If the family has private insurance, where private insurance is required to pay before public insurance, the family may incur ramifications as described in the *Use of private insurance for direct option* section.~~

#### Public insurance funding

Proceeds from public insurance are not considered as state or local funds, or as program income. These funds are added to the availability of funds for early intervention services and expended in the following area:

- Direct early intervention services.

#### Families with Private Insurance and Public Insurance (34 CFR 303.520)

If the family has both private insurance and public insurance, where private insurance is required to pay before public insurance, the family may incur ramifications as described in the *Use of private insurance for direct option* section. Requirements for parental consent for both private insurance and public insurance apply to the family.

#### Dispute Resolution (34 CFR 303.511)

Any and all services identified in the child's IFSP, or which the parent is entitled to, shall not be delayed or denied during an internal or interagency dispute resolution and until the dispute is resolved. The Department must use Part C funds to pay for the identified services until the dispute is resolved and responsibility is assigned.

For internal disputes, each agency must follow the agency's respective procedures.

For interagency disputes between agencies, each agency must follow the procedures outlined in the applicable interagency agreement.

### **~~X XIX. SUPERVISION AND MONITORING OF PROGRAMS (34 CFR 303.501) (34 CFR 303.120)~~**

The Department is responsible for the general administration **and** supervision of programs and activities **in the early intervention system** ~~receiving assistance under Part C~~ to ensure compliance with Part C ~~regulations~~ **of the IDEA**.

The Department is also responsible for the monitoring of programs and activities used by the State to carry out this part, ~~whether or not programs or activities are receiving assistance under the~~ Part C **program (whether or not the programs or activities are receiving Part C funds)** to ensure compliance with Part C **of the IDEA**. The Department fulfills this obligation through the following methods:

- 1) Monitoring of **participating** agencies used by the State to carry out ~~IDEA Part C~~ **of the IDEA**;
- 2) Enforcement of any obligations imposed on those **participating** agencies under Part C **of the IDEA**;
- 3) Providing technical assistance, if necessary, to those **participating** agencies; and,
- 4) Correction of ~~deficiencies~~ **noncompliance** identified through monitoring (~~through a corrective action plan process~~) **as soon as possible and in no case later than one year after the Department identifies the noncompliance.**
- 5) **Conducting the monitoring activities consistent with federal and State reporting requirements.**

In the event a **participating** agency fails to comply with the provisions under Part C **of the IDEA**, the Department may initiate actions ~~through~~ **as set forth in** the contract.

#### **~~XIV~~ XX. POLICY FOR CONTRACTING OR OTHERWISE ARRANGING FOR SERVICES (34 CFR 303.526) (34 CFR 303.121)**

**The Department ensures that all contracts or other arrangements with entities to provide early intervention services include a requirement that services and personnel must meet State standards, are consistent with the provisions of Part C of the IDEA and are consistent the uniform administrative requirements for grants and cooperative agreements as defined in EDGAR at 34 CFR 80.**

#### **~~XV~~ XXI. DATA COLLECTION AND ANNUAL REPORTS (34 CFR 303.124 and 303.700 through 303.702)**

**The Department utilizes a data system to compile and report timely and accurate data. The Department collects valid and reliable information as needed to report annually to the U. S. Department of Education. Required annual reporting includes, but is not limited to:**

- a) an annual report of data required under section 618 of the IDEA;**
- b) public reporting of local program performance; and,**
- c) an annual performance report, which is also sent to the Governor.**

#### **~~D. PUBLIC PARTICIPATION~~**

~~The Department uses the following methods to make the Part C application available for comments to the public, including individuals with disabilities and parents of children with disabilities~~

- ~~1) Advertisement in newspapers.—~~
- ~~2) A general news release from the Department's Office of Public Information to the State's newspapers, radio stations, television stations, and other points of information dissemination. The news release includes notice of the State's intent to submit a Part C application, the availability of the application for review, the date of public hearings, and procedures for submitting written comments about the application.—~~
- ~~3) Public hearings.~~
- ~~4) Posting the proposed plan on the Internet.~~
- ~~5) Electronic mail.~~

#### **~~E. EQUITABLE DISTRIBUTION OF RESOURCES~~**

~~Contractual arrangements with early intervention providers ensure that early intervention services are provided to eligible children when there is no other federal, State, private, or local source of payment. These monies expand and provide services that are otherwise unavailable.—~~

~~Early intervention services, specialized services and/or discretionary projects are funded through the State of Missouri's rules for purchasing. These rules involve adequate notification to the public that services are sought and submission procedures.~~

#### **~~F. TRANSITION TO PRESCHOOL PROGRAMS (34 CFR 303.148)~~**

~~The State of Missouri has developed the following policies and procedures to ensure a smooth and effective transition from Part C (First Steps) services to Part B (local school district) services for children with disabilities at age three.~~

~~Information about transition to Part B Early Childhood Special Education (ECSE) or other appropriate services is shared with the family and explained at the initial IFSP meeting if the child is two (2) years of age or older. For a child participating in Part C First Steps prior to age two (2), this information is provided at the six (6) month or annual IFSP meeting held closest to the child's second birthday.~~

~~The Part C Service Coordinator will inform the parent that consistent with IDEA requirements, First Steps is required to notify the local educational agency (LEA) in which the child lives, that the child is approaching three (3) years of age and may be eligible for early childhood special education services under Part B of IDEA. This LEA Notification includes limited directory information (child's name and birth date, and parent's name, address, and telephone number).~~

~~A parent may "opt out" in writing that of this LEA notification stating they do not want directory information provided to the local school district. Otherwise, the directory information will be shared with the local school district in which the child lives.~~

~~The purpose of the contact explain: the process the district will complete to determine the child's eligibility for services under Part B; of the IDEA and, if eligible, the steps that will be necessary to assure the provision of services on the child's third birth date; unless the birth date occurs during a routine school break.~~

~~If a member of the LEA staff was invited, but did not attend the transition meeting, and the parent wants to pursue an eligibility determination for special education and related services under Part B of IDEA, the Part C Service Coordinator shall obtain a release of information to share records with the LEA. Any information that will assist the LEA in determining the child's eligibility and special education and related service needs must be released immediately, and must be done in such a manner so as to ensure a timely receipt by the LEA. Information provided must include at a minimum, the following:~~

- ~~A. current copy of the entire IFSP which includes present levels of functioning, early intervention services, and transition plan;~~
- ~~B. all evaluations that have occurred in the previous year, and if not contained in the child's record, where the information can be obtained; and~~
- ~~C. any written reports from service providers within the last year.~~

~~Upon receipt of the information, the LEA must follow initial evaluation procedures as outlined in the Part B State Plan. LEAs are required to provide special education and related services to eligible children as identified in the IEP as of the child's third birth date unless the birth date occurs during a normal vacation period for the public school. The LEA can document that it has made a diligent effort to complete the evaluation and IEP process, but despite that effort, was unable to do so within timelines. IEPs developed in the spring or summer may identify the implementation date as the first day of school in the fall.~~

~~At least **approximately** six months, **but not less than 90 days**, (and at the discretion of all parties, not more than nine months) prior to the child's third birth date, the Part C Service Coordinator will convene an IFSP meeting to discuss the transition steps with the parents and other IFSP team members in order to develop a transition plan. At this time, the team documents the steps to be taken to provide the child with a smooth and effective transition to the public school and/or other services as appropriate. The purpose of the contact is to explain the process the district will complete to determine the child's eligibility for services under Part B of the IDEA and, if eligible, the steps that will be necessary to assure the provision of services on the child's third birth date unless the birth date occurs during a routine school break.~~

~~If the parent agrees, local education agency (LEA) personnel must be invited to attend this IFSP meeting. The purpose of the contact is to explain the process the district will complete to determine the child's eligibility for services under Part B of the IDEA and, if eligible, the steps that will be necessary to assure the provision of services on the child's third birth date unless the birth date occurs during a routine school break.~~

~~Part B eligible children whose third birth dates are May 1 through August 31 may continue in the First Steps program until the initiation of their local district's school year in the fall.~~

~~Part B eligible children whose third birth dates are April 1 through May 1 may either transition to Part B services before the end of the current school year or continue services in First Steps until the initiation of their local district's school year in August/September. This discussion is part of the transition conference. Children who enroll in the local school district for the remainder of the school year must be considered for Extended School Year as required by Part B of the Individuals with Disabilities Education Act.~~

~~Financial support for early intervention services that are provided after the child's summer third birth date are as follows:~~

~~Early intervention services that were financially supported prior to the child's third birth date by Part C funds will be paid by the Department after the child's third birth date.~~

~~If LEA policy allows, eligible children whose third birth dates occur during September may receive services under Part B at the beginning of the district's school year.~~

#### **~~G. ADOPTION OF POLICY ON STATEWIDE SYSTEM (34 CFR 303.140 (a) (b))~~**

~~The Department, as lead agency, assures that the State's early intervention system is in effect, and that appropriate early intervention services are available to all eligible infants and toddlers with disabilities in the State and their families.~~

~~Part C does not apply to any child with disabilities receiving FAPE with funds under Section 619 of Part B of IDEA in the State of Missouri.~~

#### **~~H. TRADITIONALLY UNDERSERVED GROUPS (34 CFR 303.128)~~**

~~The State ensures that traditionally underserved groups, including minority, low income, homeless and rural families, and children with disabilities who are wards of the State, are meaningfully involved in the planning and implementation of all requirements of Part C. This is achieved through participation on the SICC and local or regional interagency coordinating councils as well as through the delivery of services~~

~~The State also ensures that these families have access to culturally competent services within their local geographical areas. This is achieved through provider recruitment and training.~~

#### **~~I. SERVICES TO ALL GEOGRAPHIC AREAS (CFR 303.147)~~**

~~Early intervention services are provided through contractual arrangements. Early intervention providers cover all geographic areas of the State.~~

#### **~~J. ANNUAL PERFORMANCE REPORT (EDGAR 80.40 (b))~~**

~~The Lead Agency submits its annual performance report to the Office of Special Education Programs and to the Governor.~~

#### **~~K. ANNUAL DATA COLLECTION REPORT~~**

~~The State ensures that the Annual Data Collection Report is submitted to the Office of Special Education Programs, Department of Education.~~

#### **~~L. GENERAL EDUCATION PROVISIONS ACT (GEPA)~~**

~~The State ensures equitable access to and participation in Part C.~~

~~Requirements Related to Components  
of a  
Statewide System~~



## **~~I. STATE ELIGIBILITY CRITERIA AND PROCEDURES (34 CFR 303.300)~~**

~~Children who are eligible for early intervention services are children between the ages of birth and 36 months who have been determined to have:~~

~~A) A diagnosed physical or mental condition associated with developmental disabilities or has a high probability of resulting in a developmental delay or disability.~~

### State Definition of Diagnosed Conditions

~~The State of Missouri has adopted the following conditions to meet the definition of diagnosed physical or mental condition, that has a high probability of resulting in a developmental delay:~~

#### ~~1) Conditions (diagnosed at birth or within 30 days post birth) (newborn conditions)~~

~~Very Low Birth Weight (VLBW; less than 1,500 grams) with one or more conditions diagnosed at birth or within 30 days post birth:~~

- ~~• APGAR of 6 or less at 5 minutes~~
- ~~• Intracranial bleeds (Grade II, III, or IV)~~
- ~~• Ventilator dependent for 72 hours or more~~
- ~~• Asphyxiation~~

#### ~~2) Diagnosed Conditions, (Neonatal/Infant/Toddler Conditions)~~

~~a) Genetic conditions known to be associated with mental retardation or developmental disabilities including but not limited to:~~

- |   |  |
|---|--|
| <del>— Down syndrome</del>                  | <del>— Trisomy 13 Syndrome (Patau's)</del> |
| <del>— Cri du Chat Syndrome</del>           | <del>— Triple X Syndrome</del>             |
| <del>— Klinefelter's Syndrome</del>         | <del>— Fragile X Syndrome</del>            |
| <del>— Trisomy 18 Syndrome (Edward's)</del> | <del>— Prader Willi</del>                  |
| <del>— Turner's Syndrome</del>              | <del>— Pierre Robin</del>                  |

~~b) Additional conditions known to be associated with mental retardation or developmental disabilities including but not limited to:~~

- ~~• Hypoxic Ischemic Encephalopathy (HIE) and at term (36 weeks gestation or more)~~
- ~~• Cranio-facial anomalies (i.e, cleft palate, etc.)~~
- ~~• Epilepsy/ Seizure Disorder~~
- ~~• Spina Bifida~~
- ~~• Blindness, including visual impairments~~
- ~~• Macro/Microcephalus, including Hydrocephalus~~
- ~~• Deafness, including hearing impairments~~
- ~~• Fetal Alcohol Syndrome~~
- ~~• Cyanotic Congenital Heart Disease~~
- ~~• PKU~~
- ~~• Cerebral Palsy~~
- ~~• Viruses/bacteria (Herpes, syphilis, cytomegalovirus, toxoplasmosis, and rubella)~~
- ~~• Acquired Immune Deficiency Syndrome (AIDS)~~
- ~~• Autism Spectrum Disorders~~

~~3) Other conditions, known to be associated with mental retardation or developmental disabilities, to be considered for eligibility, must be based upon informed clinical opinion by Board-certificated neonatologists, pediatricians, geneticists, and/or pediatric neurologists. These physicians may refer a child by indicating the specific condition and documenting the potential impact of the condition in any of the five developmental areas.~~

~~B) A developmental delay, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, is defined as a child who is functioning at half the developmental level that would be expected for a child developing within normal limits and of equal age. In the case of infants born prematurely, the adjusted chronological age, which is~~

calculated by deducting one-half of the prematurity from the child's chronological age, should be assigned for a period of up to 12 months or longer if recommended by the child's physician. The delay must be identified in one or more of the following areas:

- cognitive development;
- communication development;
- adaptive development;
- physical development, including vision and hearing;
- social or emotional development.

#### Services to At Risk Children

It is the policy of the State of Missouri to not include children considered to be "at risk" of having substantial developmental delays for eligibility in the Part C system under this application. The phrase "at risk" includes infants and toddlers who are not otherwise covered by the definitions described previously.

#### Residency Requirements

- 1) A child must be a resident of the State of Missouri to receive Part C services from the State's system.
- 2) A child living with a parent, legal guardian, or person "acting as a parent" within the definition of in the Individuals with Disabilities Act in the State of Missouri is considered a resident.
- 3) A child living in Missouri solely for the purpose of receiving Part C services is not considered a resident.
- 4) Citizenship or immigrant status is not a requirement of residency.
- 5) Citizenship status cannot be used to deny Part C services to an eligible child and family.

#### **II. CENTRAL DIRECTORY (34 CFR 303.301)**

The State of Missouri assures that it has developed a central directory of information which includes:

- 1) public and private early intervention services, resources, and experts available in the State (Provider Matrix);
- 2) research and demonstration projects being conducted in the State and;
- 3) professional and other groups that provide assistance to children eligible under this part and their families.

The State of Missouri ensures that the central directory is in sufficient detail to:

- 1) ensure that the general public will be able to determine the nature and scope of the services and the assistance available from each of the sources listed in the directory, and
- 2) enable the parent of a child eligible under this part to contact, by telephone or letter, any of the sources listed in the directory.

The State of Missouri ensures that the central directory is:

1. updated at least annually, and
2. accessible to the general public.

The State of Missouri assures that information about the central directory is available in each geographic region of the State, including rural areas, and in places and a manner that ensure accessibility by persons with disabilities.

#### **III. PUBLIC AWARENESS PROGRAM (34 CFR 303.320)**

The State of Missouri assures that a public awareness program has been developed that focuses on the early identification of children who are eligible to receive early intervention services under this part, including the preparation and dissemination of information materials the information to be given to for parents, on the availability of early intervention services by the lead agency to all primary referral sources.

The State of Missouri assures that a public awareness program has been developed that provides information about the State's:

early intervention program;

1. ~~the child find system, including:~~
  - a) ~~purpose and scope of the system,~~
  - b) ~~how to make referrals,~~
  - c) ~~how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and,~~
2. ~~the Central Directory.~~

#### Notice to Parents (34 CFR 300.561)

Adequate notice shall be provided to fully inform parents about the requirements under 34 CFR-303.164 and 303.321 (Comprehensive Child Find System), including:

1. ~~A description of the extent to which the notice is given in the native languages of the various population groups in the State;~~
2. ~~A description of children on whom personally identifiable information is maintained, the types of information sought, the methods the State intends to use in gathering the information, (including the sources from whom information is gathered), and the use to be made of information;~~
3. ~~A summary of the policies and procedures which participating agencies must follow regarding storage, disclosure to third parties, retention and destruction of personally identifiable information; and,~~
4. ~~A description of all the rights of parents and children regarding this information, including the Family Educational Rights and Privacy Act (FERPA) rights.~~

The notice shall be published or announced annually. This notice shall be published or announced in newspapers or other media with circulation adequate to notify parents throughout the State.

#### **IV. COMPREHENSIVE CHILD FIND SYSTEM (34 CFR 303.321)**

The State of Missouri ensures that the statewide system includes a comprehensive child find system that is consistent with Part B of IDEA (34 CFR 300.128) and meets the requirements to identify, locate, and evaluate all eligible infants and toddlers and to determine which children are receiving needed early intervention services.

The lead agency, the Department, with the advice and assistance of the SICC, is responsible for implementing the child find system. It is the policy of the Department that all children birth through 20 who are disabled and in need of special services are identified, located, and evaluated.

The child find system in Missouri is coordinated with all other major efforts to locate and identify conducted by State agencies responsible for administering the various education, health, and social service programs relevant to this part, tribes and tribal organizations that receive money under Part C, and other tribes and tribal organizations as appropriate including efforts in the:

- 1) ~~Child Find authorized under Part B of the Act;~~
- 2) ~~Maternal and Child Health program, under Title V of the Social Security Act;~~
- 3) ~~Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program under Title XIX of the Social Security Act;~~
- 4) ~~Developmental Disabilities Assistance and Bill of Rights Act; and,~~
- 5) ~~Head Start.~~

The lead agency, with the advice and assistance of the SICC, takes steps to ensure that:

- 1) ~~there will not be unnecessary duplication of effort by the various agencies involved in the State's child find system under this part, and~~
- 2) ~~the State will make use of the resources available through each public agency in the State to implement the child find system in an effective manner.~~

Part C funds may be used to improve collaboration with primary referral sources in order to identify and evaluate at risk infants and toddlers involved in a substantiated case of child abuse or

neglect; or identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure, make referrals to other available services for such children, and to conduct periodic follow-up to determine if the status of the infant or toddler has changed and may be eligible for early intervention services as provided by Part C.

The following procedures are used by primary referral sources for referring a child to the appropriate public agency within the system for:

- 1) Evaluation and assessment, in accordance with 34 CFR 303.322 and 303.323, or
- 2) As appropriate, the provision of services, in accordance with 34 CFR 303.342(a) or 303.345.

Primary referral sources are informed about the referral process and procedures through the public awareness brochure and numerous presentations. This information is also available through any participating State agency. The Department ensures that Referrals to First Steps are made to a System Point of Entry (SPOE) within two working days after a child is identified as being potentially eligible for the State's early intervention program.

Primary referral sources include:

- 1) Hospitals, including prenatal and postnatal care facilities;
- 2) Physicians;
- 3) Parents;
- 4) Child care programs;
- 5) Local educational agencies (including special education and Parents as Teachers (SB-658));
- 6) Public health facilities;
- 7) Other social service agencies; and,
- 8) Other health care providers.

#### Timelines for Public Agencies to Act on Referrals

- 1) Once the public agency receives a referral, it shall appoint a Service Coordinator as soon as possible.
- 2) Within 45 days after it receives a referral, a public agency shall:
  - a. provide the parent with a prior written notice of intent to conduct an evaluation and,
  - b. obtain informed, written parental consent to proceed,
  - c. facilitate the collection and review of existing documentation to complete the evaluation for eligibility in accordance with 34 CFR 303.322; and,
  - d. schedule and facilitate an initial IFSP meeting, in accordance with 34 CFR 303.342.

If circumstances prevent this timeline from being met, the public agency will: follow procedures as outlined herein.

### **V. EVALUATION AND ASSESSMENT (34 CFR 303.322) AND NONDISCRIMINATION PROCEDURES**

The State of Missouri ensures that the statewide system of early intervention described in this application includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two referred for evaluation and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child. The Department is responsible for ensuring that all affected public agencies and service providers in the State implement the requirements of this section.

#### Timelines for Public Agencies to Act on Referrals

1. Once the public agency receives a referral, it shall appoint a Service Coordinator as soon as possible.
2. Within 45 days after it receives a referral, a public agency shall:
  - a. provide the parent with a prior written notice of intent to conduct an evaluation and,
  - b. obtain informed, written parental consent to proceed,
  - c. facilitate the collection and review of existing documentation to complete the evaluation for eligibility in accordance with 34 CFR 303.322; and,

- d. ~~schedule and facilitate an initial IFSP meeting, in accordance with 34 CFR 303.342.~~

~~If circumstances prevent this timeline from being met, the public agency will follow procedures as outlined herein.~~

### Definitions

~~The following definitions apply to evaluation and assessment activities:~~

- 1) ~~A child's Evaluation means the procedures used by appropriate, qualified personnel to determine a child's initial eligibility. under this part, consistent with the definition of infants and toddlers with disabilities in 34 CFR 303.16 , including determining the status of the child in each of the developmental areas.-~~
- 2) ~~Assessment means the ongoing procedures used by appropriate, qualified personnel throughout the period of a child's eligibility under this part to identify: a. the child's unique strengths and needs and the services appropriate to meet those needs.-~~
  - b. ~~the resources, priorities, and concerns of the family and identification of supports and services necessary to enhance the family's capacity to meet the developmental needs of their child with a disability; and,~~
  - c. ~~the nature and extent of early intervention services that are needed by the child and the child's family to meet the needs of the child (34 CFR 303.322).~~

### Child Assessment

~~After informed, written parental consent is obtained, the multidisciplinary evaluation or assessment may begin.~~

~~The multidisciplinary evaluation and assessment for each child must:~~

- 1) ~~be conducted by personnel trained and qualified to utilize appropriate methods and procedures, and~~
- 2) ~~be based on informed clinical opinion.~~

~~The multidisciplinary evaluation of each child for eligibility determination purposes must include the following:~~

- 1) ~~a review of current health records and medical history;~~
- 2) ~~an evaluation of the child's level of functioning in each of the following areas:~~
  - a) ~~cognitive development,~~
  - b) ~~physical development, including vision and hearing,~~
  - c) ~~communication development,~~
  - d) ~~social/emotional development, and~~
  - e) ~~adaptive development;~~
- 3) ~~an assessment of the unique needs of the child in terms of each developmental area; and,~~
- 4) ~~the identification of services appropriate to meet those needs (34 CFR 303.322).~~

~~Multidisciplinary means the involvement of two or more different disciplines or professions.—~~

### Family Assessment

~~If the family agrees, information regarding the family's resources, priorities, and concerns must be gathered through a family assessment.—~~

~~Family assessments must be family directed and designed to determine the resources, priorities, and concerns of the family and identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child. Any assessment that is conducted must be voluntary on the part of the family and their consent documented in the child's early intervention record; and, if an assessment of the family is carried out, the assessment must:~~

1. ~~be conducted by the Service Coordinator who is trained and qualified to utilize appropriate methods and procedures~~
2. ~~be based on information provided by the family through a personal interview; and,~~
3. ~~incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development (34 CFR 303.322 (a)).~~

### Timelines

~~The evaluation for eligibility and the initial assessment of each child (including the family assessment) determined to be eligible for Part C services (and initial IFSP meeting) must be completed within 45 calendar days of referral. In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g. if a child is ill or there is some other family initiated situation that causes a delay, etc.), public agencies will document those circumstances and develop and implement an interim IFSP, to the extent appropriate and consistent with Section 303.345.~~

### MULTIDISCIPLINARY EVALUATION REQUIREMENTS BY ELIGIBILITY

#### Eligibility Statement

~~The eligibility statement must be documented and address the following:~~

- ~~1. a diagnosed medical condition or~~
- ~~2. the area(s) in which the child was found to be delayed and the degree of delay.~~

~~If the child is not eligible, a Notice of Action for Ineligibility and a Parental Rights Brochure must be provided to the parents.~~

### NONDISCRIMINATORY PROCEDURES (34 CFR 303.323)

~~The State of Missouri assures that all agencies responsible for evaluation and assessment activities shall implement the following nondiscriminatory procedures:~~

- ~~1. tests and other evaluation materials and procedures must be administered in the native language of the parents or other mode of communication, unless clearly not feasible to do so;~~
- ~~2. any assessment/evaluation procedures and/or materials must be selected and administered so as not to be racially or culturally discriminatory;~~
- ~~3. no single procedure is used as the sole criterion for determining a child's eligibility; and,~~
- ~~4. all evaluations and assessments must be conducted by qualified personnel (34 CFR 303.323).~~

### **VI. INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) (34 CFR 303.340)**

~~The State of Missouri ensures that the State's system of early intervention services includes policies and procedures for the development of IFSPs that meet the requirements of this section and 34 CFR 303.341 through 303.346.~~

~~The State of Missouri assures that a current IFSP is in effect and implemented for each eligible child and the child's family.~~

~~Each child that is eligible for the State's early intervention service system is entitled to an IFSP that addresses the needs of the child and family. This is a written plan that outlines the provision of early intervention services for the child and family. The plan must:~~

- ~~1) Be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services;~~
- ~~2) Be based on the multidisciplinary evaluation and assessment of the child and the assessment of the family; and,~~
- ~~3) Include services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child (34 CFR 303.340).~~

~~If there is a dispute between agencies as to who has responsibility for developing or implementing an IFSP, the Department shall resolve the dispute or assign responsibility.~~

### PROCEDURES FOR IFSP DEVELOPMENT, REVIEW, AND EVALUATION (34 CFR 303.342)

#### Meeting to Develop Initial IFSP Timelines



~~For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within 45 calendar days of the referral.~~

#### Periodic Review

~~The State of Missouri ensures that the IFSP for a child and the child's family is reviewed every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine the degree to which progress toward achieving the or outcomes is being made, and whether modification or revision of the, outcomes or services is necessary. Meetings or other means that are acceptable to parents and other participants may be used to conduct these reviews. If, as a result of the IFSP review, it is suggested that modifications or revisions to the outcomes or services are needed, then an IFSP team meeting must be held. Any modifications or revisions made as a result of the meeting shall be reflected in a new IFSP document.~~

#### Annual Meeting to Evaluate the IFSP

~~The State of Missouri ensures that a meeting is conducted at least annually to evaluate the IFSP for a child and the child's family and, as appropriate to revise its provisions. The annual evaluation of the IFSP includes the requirement to use current evaluations and other information available from the ongoing assessment of the child and family to determine what early intervention services are needed and will be provided. A new IFSP must be developed at this point in time.~~

#### Accessibility and Convenience of Meetings

~~The IFSP meetings shall be conducted in settings and at times convenient to families and in the native language of the family or other mode of communication used by the family, unless clearly not feasible to do so. Meeting arrangements must be made and written notification provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.~~

#### Parental Consent for Early Intervention Services

~~The State of Missouri ensures that the contents of the IFSP shall be fully explained to parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the IFSP. If the parents do not provide consent for a particular early intervention service OR withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.~~

~~Parents of eligible children may determine if they, their child, or other family members will accept or decline any early intervention service under this part in accordance with State law and may decline such a service after first accepting it without jeopardizing other early intervention services under this part.~~

~~NOTE: The requirement for the annual evaluation incorporates the periodic review process. Therefore, it is necessary to have only one separate periodic review each year (i.e., six months after the initial and subsequent annual IFSP meetings), unless conditions warrant otherwise.~~

~~Because the needs of infants and toddlers change so rapidly during the course of a year, certain evaluation procedures may need to be repeated before conducting the periodic reviews and annual evaluation meetings in paragraphs (b) and (c) of this section.~~

#### PARTICIPANTS IN IFSP MEETINGS AND PERIODIC REVIEW (34 CFR 303.343)

~~Each initial IFSP meeting must include the following participants:~~

- ~~1. the parent or parents of the child;~~
- ~~2. other family members, as requested by the parent(s) if feasible to do so;~~
- ~~3. an advocate or person outside of the family, if the parent requests that the person participate;~~

- ~~4. the intake coordinator who has been working with the family since the initial referral for —evaluation;~~
- ~~5. a person or persons directly involved in conducting the evaluations and assessments; and,~~
- ~~6. as appropriate, service providers to the child and/or family (34 CFR 303.343).~~

~~If an ongoing Service Coordinator has been successfully identified by the family that individual may also be invited and participate in the initial IFSP meeting.~~

~~Each annual IFSP meeting must include the following participants:~~

- ~~1. the parent or parents of the child;~~
- ~~2. other family members, as requested by the parent(s) if feasible to do so;~~
- ~~3. an advocate or person outside of the family, if the parent requests that the person participate;~~
- ~~4. the Service Coordinator that has been designated responsible for the implementation of the IFSP;~~
- ~~5. a person or persons directly involved in conducting the evaluations and assessments; and,~~
- ~~6. as appropriate, service providers to the child and/or family (34 CFR 303.343).~~

~~If a person directly involved in conducting an evaluation and/or assessment is unable to attend the IFSP meeting, arrangements must be made for that person's involvement through other means, such as participation by telephone conference call or through pertinent records that are available at the meeting. A knowledgeable authorized representative may also attend the meeting as a substitute for the person unable to attend (34 CFR 303.343(a)(2)). This includes early intervention service providers who conduct ongoing assessments.~~

#### Periodic IFSP Review — Participants

~~Each Periodic review must include the following participants:~~

- ~~5) The parent or parents of the child;~~
- ~~6) Other family members, as requested by the parent(s) if feasible to do so;~~
- ~~7) An advocate or person outside the family, if the parent requests that the person participate; and,~~
- ~~8) The Service Coordinator that has been designated responsible for the implementation of the IFSP~~

~~If conditions warrant, provisions must be made for the participation of the following:~~

- ~~3) A person or persons directly involved in conducting the evaluations and assessments; and,~~
- ~~4) Service providers to the child and/or the family.~~

#### CONTENT OF THE IFSP (34 CFR 303.344)

~~Each IFSP must contain the following components:~~

- ~~1) A statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based upon professionally acceptable objective criteria;~~
- ~~2) With the concurrence of the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of the child~~
- ~~3) A statement of the major outcomes expected to be achieved for the child and family; and the criteria, procedures, and timelines used to determine:
  - ~~a. the degree to which progress toward achieving the outcomes is being made, and~~
  - ~~b. whether modifications or revisions of the outcomes, or services are necessary;~~~~
- ~~4) A statement of the specific early intervention services, necessary to meet the unique needs of the child and the family to achieve the including: the frequency, intensity, method, of delivering the services. The following definitions apply to this part:
  - ~~a) frequency and intensity means the number of days or sessions that a service will be provided, the length of time the service is provided during each session (i.e., twice per month for 45 minutes), and whether the service is provided on an individual or group basis;~~
  - ~~b) method, means how a service is provided (i.e., whether the service is provided through consultation, family education, and/or direct service).~~~~

- e) ~~A statement of the natural environments in which early intervention services will be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment~~
- 5) ~~The location of services (the actual place or places where a service will be provided);~~
- 6) ~~The payment arrangements, if any;~~
- 7) ~~Other services needed, but not required by Part C. To the extent appropriate, the IFSP must include:~~
  - a. ~~medical and other services that the child, but that are not required by Part C; and,~~
  - b. ~~the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources. This requirement does not apply to routine medical services such as immunizations and well baby care unless a child needs those services and the services are not otherwise available or being provided;~~
- 8) ~~The projected dates for initiation of the early intervention services (with the exception of the other services required in number 8) as soon as possible after the IFSP meeting;~~
- 9) ~~The anticipated duration of the early intervention services;~~
- 10) ~~The name of the Service Coordinator responsible for the implementation of the IFSP and coordination with other agencies and persons. The term profession as used in this sentence includes service coordination. In meeting this requirement the agency responsible for coordinating the IFSP meeting will assist the family in the selection of the Service Coordinator;~~
- 11) ~~A statement of the steps to be taken to support the transition of the child at age three to preschool services under Part B of IDEA to the extent that those services are appropriate, or to other services, that may be available (i.e., Parents as Teachers, Head Start, Child Care Settings, Title I Preschool Programs, etc.) if appropriate. The steps for transition must include:~~
  - a) ~~discussions with, and training of parents, regarding future placements and other matters related to the child's transition;~~
  - b) ~~procedures to prepare the child for changes in service delivery including steps to help the child adjust to and function in, a new setting; and,~~
  - c) ~~with written parental consent, transmission of other information about the child to the local education agency to ensure continuity of services, including evaluation and assessment information, written reports, and copies of IFSPs; and,~~
- 12) ~~A statement describing assistive technology services or devices as appropriate including:~~
  - a. ~~identification of the professional who will assist the family with the assistive technology device;~~
  - b. ~~what outcome(s) the assistive device supports or facilitates;~~
  - c. ~~the location of the device;~~
  - d. ~~a statement of the frequency and intensity of the time the device/service is used; and,~~
  - e. ~~method of how the device/service is provided.~~

The following definitions apply to this part:

- e) ~~frequency and intensity mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session (i.e., twice per month for 45 minutes), and whether the service is provided on an individual or group basis;~~
- f) ~~location means the actual place or places where a service will be provided; and,~~
- g) ~~method means how a service is provided (i.e., whether the service is provided through consultation, family education, and/or direct service).~~

~~INTERIM IFSP PROVISION OF SERVICES BEFORE EVALUATION AND ASSESSMENT ARE COMPLETED (34 CFR 303.345)~~

~~Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment if the following conditions are met:~~

- 4) ~~Informed, written parental consent is obtained;~~
- 5) ~~An interim IFSP is developed that includes:~~

- e) ~~the name of the Service Coordinator who will be responsible consistent with 303.344 (g) for implementation of the interim IFSP and coordination with other agencies and persons; and~~
- d) ~~the early intervention services that have been determined to be needed immediately by the child and the child's family;~~
- 6) ~~The evaluation and assessment are completed within 45 calendar days of referral.~~

The use of an interim IFSP does not release the public system from meeting the 45 calendar day timeline and is rarely used (e.g., for infants as they transition from the NICU to home/community services)

#### RESPONSIBILITY AND ACCOUNTABILITY (34 CFR 303.346)

Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, Part C of the IDEA does not require that any agency or person be held accountable if an eligible child does not achieve the growth projected in the child's IFSP.

#### VII. COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (34 CFR 303.360)

The State of Missouri has developed a CSPD plan that:

- 1. ~~provides for preservice and inservice training conducted on an interdisciplinary basis to the extent appropriate;~~
- 2. ~~provides for training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as Service Coordinators; and,~~
- 3. ~~ensures that the training provided relates specifically to:~~
  - a. ~~understanding the basic components of early intervention services available in the State;~~
  - b. ~~meeting the interrelated social/emotional, health, developmental, and educational needs of eligible children under this part;~~
  - c. ~~assisting families in enhancing the development of their children, and in fully participating in the development and implementation of IFSPs;~~
  - d. ~~training and use of paraprofessionals;~~
  - e. ~~the training of personnel to work in rural and inner city areas; and,~~
  - f. ~~primary referral sources on the basic components of early intervention services available in the State.~~

The State of Missouri also ensures that the training is consistent with the CSPD and may include:

- 1. ~~implementing innovative strategies and activities for the recruitment and retention of early intervention service providers;~~
- 2. ~~promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services;~~
- 3. ~~implementing strategies for working in rural areas; and,~~
- 4. ~~coordinating transition services for infants and toddlers from the early intervention system under Part C to preschool services under section 619 of Part B, or to other appropriate services.~~

#### VIII. PERSONNEL STANDARDS (34 CFR 303.361)

Appropriate professional requirements in the State means entry level requirements that:

- 1) ~~Are based on the highest requirements in the State applicable to the profession or discipline in which a person provides early intervention services; and,~~
- 2) ~~Establishes suitable qualifications for personnel providing early intervention services to children and, their families who are served by State, local, and private agencies.~~

Highest requirements in the State applicable to a specific profession or discipline means the highest entry level academic degree needed for any State approved or recognized certification, licensing, registration or other comparable requirements that apply to that profession or discipline.

Profession or Discipline means a specific occupational category that:

- 1. ~~provides early intervention services to eligible children/families;~~

2. ~~has been established or designated by the State; and,~~
3. ~~has a required scope of responsibility and degree of supervision.~~

~~State approved or recognized certification, licensing, registration, or other comparable requirements means the requirements that a State legislature either has enacted or has authorized a State agency to promulgate through rules to establish the entry level standards for employment in a specific profession or discipline in that State.~~

~~The highest professional standard by discipline for the State of Missouri are as follows. In addition to these standards, contracted personnel must meet First Steps credentialing requirements. The requirements of all State statutes and rules of all State agencies applicable to serving children under this part were considered.~~

### ***PERSONNEL STANDARDS***

<b>TITLE</b>	<b>RESPONSIBILITIES</b>	<b>EDUCATIONAL- QUALIFICATIONS</b>	<b>CERTIFICATES OR LICENSE Refer to the First Steps Personnel guide for credential requirements for each position.</b>
ABA Implementer	Implements ABA instruction	High school graduate or GED.	Must have ongoing supervision and training by an ABA consultant.
ABA Consultant	Provides direct service to families and children, provides consultation with others, assists with assessing and understanding behaviors, writes reports, and attends IFSP meetings. May design and facilitate intense behavioral programming as identified in a child's IFSP. May train ABA implementers in instructional techniques such as discrete trial training.	Bachelor's or Master's degree in human service field.	At least one of the following qualifications: National or State Certification in Applied Behavior Analysis; OR Documentation of specific training in ABA with application to young children; AND Documentation of experience in designing and implementing an ABA program with young children with autism spectrum disorders
Audiologist	Plans and implements screening, evaluation/diagnosis, and early intervention services for children who are deaf/hearing impaired	Master's Degree	License issued by the State Board of Registration for the Healing Arts
Counselor, Licensed Professional	Provides individual and group counseling techniques, direct service to families and children, provides consultation with others, assists with assessing and understanding behaviors, conducts psychological	Master's Degree	Licensed by the Committee for Professional Counseling

	assessments, writes reports, and attends IFSP meetings.		
Dietitian	Provides direct service to families and children, provides consultation with others, conducts individualized nutritional assessments, writes reports, develops nutritional plans, and attends IFSP meetings.	Bachelor's Degree and internship	Licensed by the State Committee of Dietitians, effective July 1, 2000
Interpreter for the Deaf	Facilitates communication for individuals who are deaf/hearing impaired.	High school diploma or GED	Intermediate certificate issued by the Commission for the Deaf and license issued by the Division of Professional Registration.
Nurse, LPN	Provides health services under the direction of an RN or Physician.	Diploma from accredited LPN program One year course of study in practical nursing	Licensed by the State Board of Nursing.
Nurse, RN	Provides screening, evaluation, and diagnostic health information. Provides health services to families and children, consultation with others, and attends IFSP meetings.	Associate's Degree	Licensed by the State Board of Nursing
Occupational Therapist	Provides direct service to families and children, provides consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.	Bachelor's Degree (prior to January 1, 2008) Master's Degree (effective January 1, 2008)	License issued by the Missouri Board of Occupational Therapy
Occupational Therapy Assistant/ COTA	Provides occupational therapy services under the direction of an enrolled First Steps Occupational Therapist.	Associate of Arts degree	License issued by the Missouri Board of Occupational Therapy
Optometrist	Administers vision tests, participates on evaluation teams, provides vision services to eligible children with disabilities as specified on the IFSP, conducts consultation with others, and assists in planning and implementing early intervention.	Graduate of Approved School of Optometry	Licensed by Missouri Board of Optometry



Orientation and Mobility Specialist	Provides orientation and mobility services.	Bachelor's Degree with specialization in orientation and mobility, teaching the blind and visually impaired, rehabilitation teaching, special education, occupational therapy, physical therapy or closely related area.	<ul style="list-style-type: none"> <li>• Certified by the Association for Education and Rehabilitation (AER) OR</li> <li>• Demonstrated proficiency in O&amp;M as required by a current contract with Rehabilitation Services for the Blind OR</li> <li>• Visually Impaired Certification by the State Board of Education</li> </ul>
Other Early Intervention provider (e.g., Assistive Technology provider, Translator, Transportation provider)	Any trained professional not identified above, who is deemed an appropriate service provider for an IFSP service	Personnel must have academic preparation in the intervention area or job-related experience in the intervention area.	The provider must be identified by the IFSP team and approved by the Department prior to conducting services.
Paraprofessional in Early Intervention	Assists with the implementation of IFSPs under the direction of an enrolled Special Instructor, Speech Language Pathologist, Occupational Therapist or Physical Therapist.	High school diploma or GED	Must have ongoing supervision and training under the direction of designated supervisor.
Parent Advisor for children with sensory impairments	Provides parent education for parents of children who are blind, visually impaired, deaf or hearing.	Bachelor's Degree	Successful completion of parent education for parents of children with sensory impairments provided through the Missouri School for the Deaf and/or Missouri School for the Blind
Physical Therapist	Provides direct service to families and children, provides consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.	Bachelor's Degree (prior to December 31, 2002) Master's Degree (effective December 31, 2002)	License issued by the State Board of Registration for the Healing Arts
Physical Therapist Assistant	Provides Physical Therapy services under the direction of an enrolled First Steps Physical Therapist.	60 hours prescribed course of study, Associate's degree	License issued by State Board of Registration for the Healing Arts
Physician	Provides medical services for evaluation and diagnostic purposes only. May assist in planning and implementing early	Medical Degree	Physician licensed by the State Board of Registration for the Healing Arts

	intervention services for children with disabilities.		
Psychologist	Administers psychological tests, provides psychological services to family and child, and assists in planning and implementing early intervention services.	Master's Degree	Licensed by the State Committee of Psychologists
Service Coordinator	Coordinates evaluation/assessments, facilitates the IFSP meeting, coordinates and monitors delivery of early intervention services, informs families of advocacy services, coordinates with medical and health providers, facilitates transition from the First Steps Program.	Bachelor's or Master's degree in one of the following (with one (1) year documented experience working with families): <ul style="list-style-type: none"> <li>• Early Childhood Special Education</li> <li>• Early Childhood</li> <li>• Elementary Education</li> <li>• Special Education</li> <li>• Child/Human Development</li> <li>• Social Work</li> <li>• Psychology</li> <li>• Education Administration</li> <li>• Sociology</li> <li>• Family Science/Studies</li> <li>• Counseling</li> </ul>	First Steps Credential Service Coordination Module
Social Worker, Licensed Clinical	Conducts individualized evaluation/assessment, diagnostic, and counseling methods or techniques to families and children, consults with providers in the prevention and identification of mental or social emotional conditions, and attends IFSP meetings.	Master's degree	License issued by Missouri State Committee for Social Workers
Speech Language Pathologist	Provides direct service to families and children, conducts consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.	Master's Degree	License issued by the State Board of Registration for the Healing Arts
Speech Language Patholog (Provisional)	Provides Speech Language services under the supervision of an enrolled First Steps Speech Language	Master's Degree	Provisional licensure by State Board of Registration for the Healing Arts

	<del>Pathologist.</del>		
<del>Special Instructor</del>	<del>Provides direct service to families and children, provides consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.</del>	<p>Bachelor's or Master's Degree in one of the following (with one (1) year documented experience working with infants and toddlers with disabilities 0—5 and their families):</p> <ul style="list-style-type: none"> <li>• <del>Child/Human Development</del></li> <li>• <del>Special Education</del></li> <li>• <del>Elementary Education</del></li> <li>• <del>Education Administration</del></li> <li>• <del>Early Childhood</del></li> <li>• <del>Early Childhood Special Education</del></li> </ul> <p>Degree in one of the following (with three (3) years documented experience working with infants and toddlers with disabilities 0-5 and their families):</p> <ul style="list-style-type: none"> <li>• <del>Psychology</del></li> <li>• <del>Sociology</del></li> <li>• <del>Social Work</del></li> <li>• <del>Family Science/Studies</del></li> <li>• <del>Nursing</del></li> </ul>	<del>First Steps Credential Provider Training Modules</del>
<del>Special Instructor—Deaf/ Hearing Impaired</del>  <del>Special Instructor—Blind/Partially Sighted</del>	<del>Provides direct service to families and children, provides consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.</del>	Bachelor's Degree	Special Education certification by the State board of education in Deaf and Hearing Impaired or Blind and Partially Sighted

### Steps to Bring Personnel into Compliance with Highest Standard

The following describes the steps Missouri is taking to bring personnel into compliance with the highest standards, the procedures for notifying public agencies and personnel of those steps, and timelines for requiring retraining or hiring of personnel that meet the State's requirements.

Contracted providers, as specified in the preceding chart, have a specified timeline for completion of the Early Intervention credential. The timeline for completion begins upon successful enrollment with the central finance office.

The State uses the following methods to notify the public about the steps it is taking to bring personnel into compliance with the highest standard:

1. public review of grant application;
2. regional provider forums;
3. SICC meetings and minutes;
4. newsletters and direct mailings; and,
5. presentations to professional organizations and faculties at universities and colleges.

Information concerning personnel standards for Missouri's early intervention system are maintained by the Department, Office of Special Education. They are available for review by the public during regular office hours.

### Policy to Address Shortage of Personnel

It is the policy of the State of Missouri to make ongoing good faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to eligible children. In those instances when an appropriately and adequately trained individual cannot be employed including a geographic area of the State where there is a shortage of personnel that meet the qualifications, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in this section may be recruited and hired.

## **IX. (PROCEDURAL SAFEGUARDS) (34 CFR 303.400)**

### GENERAL RESPONSIBILITY OF LEAD AGENCY FOR PROCEDURAL SAFEGUARDS (34 CFR 303.400)

The Department, lead agency for Part C, is responsible for:

- (a) Establishing or adopting procedural safeguards that meet the requirements of this subpart and
- (b) Ensuring effective implementation of the safeguards by each public agency in the State involved in the provision of early intervention services

### DEFINITIONS OF CONSENT, NATIVE LANGUAGE, AND PERSONALLY IDENTIFIABLE INFORMATION (34 CFR 303.401)

(a) Consent means:

- e) parent(s) has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication;
- f) parent(s) understands and agrees in writing to the activity for which consent is sought, and the consent describes that activity and lists records (if any) that will be released and to whom;
- g) parent(s) understands that consent is voluntary on the part of the parent, and may be revoked at any time.

(b) Native language means the language or mode of communication normally used by the parent of a child eligible under this part.

(c) Personally identifiable means information that includes:

- (1) the name of the child, the child's parent or other family member;
- (2) the address of the child;
- (3) a personal identifier, such as the child's or parent's social security number; or,

- (4) a list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

#### OPPORTUNITY TO EXAMINE RECORDS (34 CFR 303.402)

In accordance with the confidentiality procedures in the regulations under Part B of the Act (34 CFR 300.560—300.576) the parents eligible children must be afforded the opportunity to examine/inspect/review records relating to evaluations and assessments, eligibility determinations, development and implementation of IFSPs, , individual complaints dealing with the child, and any other area involving records about the child and the child's family Agencies maintaining such records must allow parents access without unnecessary delay. Parents also have the right to request an explanation of the records or to request to amend the records if the parents believe information is inaccurate or misleading.

It is the policy of the Department that all information collected and maintained by agencies responsible for the provision of early intervention services for children with disabilities will be protected to ensure the confidentiality of all such information consistent with the specific procedures established in this section.

These policies and procedures meet the requirements in 34 CFR 300.560 through 300.576.

#### CONFIDENTIALITY FROM IDEA Part B (34 CFR 300.560-300.576)

#### DEFINITIONS (34 CFR 303.460)

Destruction means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.

Education records means records maintained by a public agency responsible for the provision of early intervention services, which pertain to the early intervention services provided to a child with a disability. The term includes medical, psychological, and educational reports but does not include records of instructional, educational, ancillary, supervisory, and administrative personnel which are the sole possession of the maker and which are not accessible or revealed to any other personnel, except another person who performs on a temporary basis the duties of the individual who made the record. The term includes test instruments or protocols/score sheets and a record of the test results only if they contain personally identifiable information. Copies of test protocols will only be provided if the failure to do so would effectively prevent the parent from exercising the right to inspect and revise the educational records. These records are defined as education records in FERPA.

Participating agency means any agency or institution, which collects, maintains, or uses personally identifiable information or from which information is obtained under this part. This includes the system point of entry (SPOE).

#### NOTICE TO PARENTS (34 CFR 300.561)

Notice to parents information is included in Section IV, Comprehensive Child Find System, of this plan.

#### ACCESS RIGHTS (34 CFR 300.562)

Each SPOE shall permit parents to inspect and review any early intervention records relating to their child that are collected, maintained, and used by the Part C System without unnecessary delay and before any meeting regarding an IFSP or hearing relating to the identification, evaluation, placement or provision of early intervention services and, in no case, more than 45 days after the request has been made. The right to review and inspect records includes:

- A. the right to a response from the SPOE to reasonable requests for explanations and interpretations of the records;
- b. the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records

- c. ~~the right to have a representative of the parent inspect and review the early records.~~

~~The SPOE may presume that the parent has authority to inspect and review records relating to his/her child unless the SPOE has been advised that the parent does not have the authority under applicable State laws governing such matters as guardianship, separation, and divorce.~~

#### RECORD OF ACCESS (34 CFR 300.563)

~~Each SPOE shall maintain a record of all parties obtaining access to early intervention records collected, maintained or used under Part C of IDEA (except access by parents and authorized employees of the participating agency). The record will include:~~

- ~~d) name(s) of party;~~
- ~~e) the date access was given; and,~~
- ~~f) purpose for which the party is authorized to use the records.~~

~~The record of access shall be maintained in each file of each child that contains confidential information. The SPOE is required to maintain a list of those employees who have access to early intervention records and maintain the list in a central location. Only employees of the SPOE who have a legitimate need to access education records shall be included on the list.~~

#### RECORDS ON MORE THAN ONE CHILD (34 CFR 300.564)

~~If any early intervention record includes information on more than one (1) child, the SPOE shall allow parents to inspect and review only the information relating to their child or to be informed of the specific information.~~

#### LIST OF TYPES AND LOCATIONS OF INFORMATION (34 CFR 300.565)

~~Each SPOE shall provide parents, on request, a list of the types and locations of education records collected, maintained, or used by the Part C system.~~

#### FEES (34 CFR 300.566)

~~Each SPOE may charge a fee for copies of records which are made for parents under this part if the fee does not effectively prevent the parents from exercising their right to inspect and review those records, except as provided in paragraph (c) of this section. A SPOE may not charge a fee to search for or to retrieve information under this part.~~

#### AMENDMENT OF RECORD AT PARENT'S REQUEST (34 CFR 300.567—300.570)

~~A parent who believes that information in the early intervention records collected, maintained or used under this part is inaccurate, misleading, or violates the privacy or other rights of the child may request the SPOE that maintains the information to amend the information.~~

~~The SPOE shall reach a decision regarding the request within a reasonable period of time, but no more than 45 calendar days after receipt of the request. If the SPOE agrees to the requested amendment, the records in question shall be amended as agreed to. If the SPOE denies the request for an amendment, the SPOE shall:~~

- ~~a) inform the parent of the denial and advise the parent of their right to a hearing under 303.411; and,~~
- ~~b) advise the parent/guardian that they have a right to request a hearing, from the Department if they desire to further challenge the data contained within the child's file. This hearing shall be held by the Department in conformity with the requirements outlined in Section 99.22 of the Family Educational Rights and Privacy Act regulations.~~

~~If, as a result of the hearing, the Department decides that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the SPOE shall amend the information accordingly and so inform the parent in writing.~~

~~If, as a result of the hearing, the Department decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the SPOE shall~~

~~inform the child's parent of the right to place in the records it maintains on the child a statement commenting on the information or setting forth any reason for disagreeing with the decisions of the SPOE. Any explanation placed in the records of the child must be maintained by the SPOE as a part of the child's records as long as the record or contested portion is maintained by the SPOE. If the record of the child or the contested portion is disclosed by the SPOE to any party, the explanation must also be disclosed to the party.~~

#### ~~CONSENT REGARDING PERSONALLY IDENTIFIABLE INFORMATION (34 CFR 300.571)~~

~~The SPOE shall require written consent from the parent before it discloses information from the early intervention records of a child unless it is authorized to do so under Part 99 of the regulations implementing the Family Educational Rights and Privacy Act of 1974.~~

~~Written consent from the parent shall be obtained before any personally identifiable information is:~~  
~~e) disclosed to anyone other than, officials, of participating agencies collecting or using such data;~~  
~~or,~~  
~~d) used for any purpose other than meeting any requirement under IDEA.~~

~~In the event parent consent cannot be obtained, due process hearing procedures may be invoked by the Part C System.~~

~~If parent's failure to give consent would constitute neglect as defined in the Child Abuse and Neglect Laws of Missouri, Section 210.110 RSMo, a report should be made by the SPOE to the proper authorities.~~

#### ~~SAFEGUARDS (34 CFR 300.572)~~

~~Each SPOE shall protect the confidentiality of personally identifiable information at the collection, storage, disclosure, and destruction stages.~~

~~To assure protection, the SPOE shall:~~

- ~~d) appoint one (1) official at each SPOE to be responsible for ensuring the confidentiality of any personally identifiable information;~~
- ~~e) provide training or information to all persons collecting or using personally identifiable information in the State's policies and procedures governing such information; and,~~
- ~~f) maintain, for public inspection, a current list of the names and positions of those employees within the SPOE who may have access to personally identifiable data.~~

#### ~~DESTRUCTION OF INFORMATION (34 CFR 300.573)~~

~~The SPOE shall inform parents when personally identifiable information collected, maintained, or used under this part is no longer needed to provide early intervention services to the child. The information must be destroyed at the request of the parent subject to the federal requirement that records be maintained for a minimum of three (3) years from the date the child no longer receives early intervention services. However, a permanent record containing the child's name, address and phone number may be retained without time limitation.~~

#### ~~ENFORCEMENT (34 CFR 300.575)~~

~~The Department, through the process of monitoring, will assure that each SPOE receiving and/or eligible for funds from federal sources will have all such policies and procedures, as described herein, in effect. In the event a SPOE fails to comply with the provisions of this part, the Department of Elementary and Secondary Education may initiate actions to withhold the payment of State and federal funds available to the SPOE under this part.~~

#### ~~PARENT CONSENT (34 CFR 303.404)~~

~~The State of Missouri ensures that written parental consent will be obtained before;~~

- ~~1. Conducting the initial evaluation and assessment of a child under sec. 303.322; and~~
- ~~2. Initiating the provision of early intervention services.~~



If the parent does not give consent (or withdraws consent after first providing it), the Service Coordinator shall make reasonable efforts to ensure that the parent:

1. Is fully aware of the nature of the evaluation and assessment of the services that would be available; and
2. Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.

#### PARENT RIGHT TO DECLINE SERVICE (34 CFR 303.405)

Parents of eligible children may determine if they, their child, or other family member will accept or decline any early intervention service under this part in accordance with State law, and may decline such a service after first accepting it, without jeopardizing other early intervention services under this part.

#### PRIOR NOTICE; NATIVE LANGUAGE (34 CFR 303.403)

Written prior notice shall be given to parents of a child eligible under this part a reasonable time before the public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child or the provision of appropriate early intervention services to the child and the child's family.

#### CONTENT OF THE NOTICE

This The notice must be in sufficient detail to inform the parents about:

- 4) The action being proposed or refused;
- 5) The reasons for taking the action; and,
- 6) All procedural safeguards that are available under Secs. 303.401—303.460 of this part and
- 7) The State complaint procedures under Secs 303.510—303.512, including a description of how to file a complaint and the timelines under those procedures.

The notice must be written in language understandable to the general public and be provided in the parent's native language unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the public agency, or designated service provider, shall take steps to ensure that:

1. the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
2. the parent understands the notice; and,
3. there is written evidence that the requirements of this paragraph have been met.

#### SURROGATE PARENTS (EDUCATIONAL SURROGATE) (34 CFR 303.406)

The Department has established the following for the appointment of educational surrogates:

##### Identifying the Need for Appointment

Any person may advise the agency responsible for providing early intervention services to a child with a disability that a child with a disability within its jurisdiction may be in need of a person to act as an educational surrogate. Notice can be given to the System Point of Entry (SPOE) or directly to the Office of Special Education, Missouri Department of Elementary and Secondary Education.

##### Process of Appointment

When the SPOE is informed of a child with disabilities living within its jurisdiction, it shall, within thirty (30) days, determine whether an educational surrogate should be appointed. A request for the appointment of a surrogate shall be made within ten (10) days to the Office of Special Education. The Office of Special Education, on behalf of the State Board of Education, shall, within thirty (30) days, appoint a person to act as an educational surrogate. The Office of Special Education shall maintain a registry of trained educational surrogates from which they will select individuals for appointment. If an educational surrogate dies, resigns, or is removed, within 15 days thereof, a replacement will be appointed.

##### Criteria for Appointment

The State Board of Education shall appoint a person to act as a surrogate for the parent or guardian of a child with a disability as defined in Section 162.675, RSMo, when:

- A. the child has no identified parent, guardian, or person acting as parent;
- B. the child has parents who, after reasonable efforts, cannot be located by a public agency; or,
- C. the child is a ward of the State and is living in a facility or group home (and not with a person acting as a parent).

#### Definitions

The Department will use the following definitions when determining child eligibility to receive a surrogate appointment:

- A. the term "parent" means a parent, a guardian, a person acting as parent of a child, or an educational surrogate who has been appointed. The term does not include the State if the child is a ward of the State; and,
- B. the term "person acting as a parent of a child" refers to relatives of the child or private individuals allowed to act as parents of a child by the child's natural parents or guardians. For example, a grandparent, neighbor, governess, friend, or private individual caring for the child with the explicit or implicit approval of the child's natural parent or guardian would qualify as "a person acting as a parent of a child." If a child is represented by such a person, no educational surrogate is needed.

#### Qualifications for Appointment

Any person who is appointed to act as an educational surrogate shall:

- A. be at least 18 years of age;
- B. not be an employee of any State agency or a person or an employee of a person providing early intervention services to the child or to any family member of the child (a person otherwise qualified to be an educational surrogate is not an employee of an agency simply because he or she is reimbursed to serve as an educational surrogate);
- C. be free from any interest that may conflict with the interests of the child represented; and,
- D. have knowledge and skills that ensure adequate representation of the child.

#### Educational Surrogate Training

All educational surrogates shall participate in a training session in which they will become familiar with the Missouri Educational Surrogate Program, acquire a basic understanding of the early intervention services provided through First Steps in Missouri, and develop the knowledge and skill necessary to adequately represent a child with disabilities. The Department shall provide the educational surrogate training.

#### System Point of Entry (SPOE) Responsibilities

Specifically, each SPOE shall:

- A. designate a staff member who will be responsible for overseeing the educational surrogate program in their agency. Unless notified otherwise, the Department will assume that the educational surrogate contact person is the same as the SPOE contact person;
- B. complete and return to the Department a "Determination of Need for Surrogate Appointment" form for each child believed to be eligible for receiving a surrogate appointment;
- C. assist the Department in recruiting educational surrogate volunteers and submit their names and addresses to the Department;
- D. be available to assist the Department with local educational surrogate training; and,
- E. complete and return to the Department an "Educational Surrogate Evaluation" form for each surrogate serving in the SPOE catchment area.

#### Duties of the Educational Surrogate

An individual appointed to act as educational surrogate shall:

- A. complete and return to the Department the Educational Surrogate Application and Verification of Eligibility form;
- B. attend an educational surrogate training session;

- ~~C. represent their assigned child in all decisions relating to the child's early intervention including matters related to the identification, evaluation, and placement of the child, and,~~
- ~~D. notify the System Point of Entry or the Department if any conflicts develop, or if they will no longer be able to fulfill their educational surrogate role.~~

#### Immunity from Liability

~~The person appointed to act as an educational surrogate shall be immune from liability for any civil damage arising from any act or omission in representing the child in any decision related to the child's early intervention. This immunity shall not apply to intentional conduct, wanton and willful conduct, or gross negligence.~~

#### Reimbursement

~~The person appointed to act as an educational surrogate shall be reimbursed by the State Board of Education for all reasonable and necessary expenses incurred as a result of his or her representation of a child with a disability. Determination of "reasonable and necessary" expenses shall be made at the discretion of the Department and pursuant to State Office of Administration guidelines. Such expenses do not include attorney fees or child care/babysitting expenses.~~

#### Evaluation

~~The Department will send to each System Point of Entry an evaluation form to complete for each educational surrogate in which they will recommend the continuation or termination of the surrogate appointment. The System Point of Entry shall provide brief written discussions supporting a recommendation of termination and attach any existing documentation. Upon receipt of a recommendation of termination, the Office of Special Education will investigate and reach a decision on whether to terminate.~~

#### Termination

~~The educational surrogate appointment shall be terminated at the request of the educational surrogate or in the event of any of the following situations:~~

- ~~A. the conclusions of the initial evaluation and assessment indicate that the child does not qualify for receiving early intervention services;~~
- ~~B. the child's parent or guardian reappears to represent him or her, or wardship is terminated;~~
- ~~C. the child is no longer in need of early intervention services;~~
- ~~D. the child reaches the age of three and is no longer eligible for early intervention services and is determined to not be eligible for services in the Part B system;~~
- ~~E. the educational surrogate fails to fulfill their responsibilities as defined by State and federal regulations.~~

#### MEDIATION AND DUE PROCESS HEARING PROCEDURES FOR PARENTS AND CHILDREN (34 CFR 303.419 — 303.425)

~~During the pendency of any proceeding involving a complaint under this section, unless the public agency and parents of a child otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided.~~

~~If the complaint involves an application for initial services under this Part the child must receive those services that are not in dispute.~~

~~The State system includes written procedures for the timely administrative resolution of individual child complaints by parents concerning any of the matters in 34 CFR 303.403 (a). The State meets this requirement by developing procedures that:~~

- ~~1) Meet the requirements in 34 CFR 303.419 and 34 CFR 303.421 through 303.425, and~~
- ~~2) Provide parents a means of filing a complaint.~~

~~Mediation is available to parents in the State of Missouri and the State has adopted the procedures listed below.~~

#### To initiate mediation:

Parents will be offered the opportunity to mediate their dispute prior to and following the filing of a due process complaint. Mediation is voluntary and parties must agree to mediation. Mediation will be provided at no cost to either party. Mediation is not used to deny or delay a parent's right to a due process hearing under Section 303.420 or to deny or delay any other rights afforded under Part C of this Act.

The parties must mutually agree on a mediator from the trained mediator list maintained by the Department, Office of Special Education.

- a) mediation must be scheduled within fifteen days of the selection of a mediator;
- b) mediation must be conducted at a time and place mutually agreed upon by the parties;
- c) mediation must be completed within thirty days of the agreement to mediate;
- d) any agreement reached during the mediation must be in writing and delivered to each party;
- e) no more than three persons can accompany each party unless the parties mutually agree on additional participants;
- f) no attorney shall participate or attend on behalf of any party at the mediation session. However, a lay advocate may accompany parents; and,
- g) discussions held during a mediation session are confidential and cannot be used later as evidence in a due process hearing or civil action.

#### Mediator qualifications:

- a) mediators must be impartial and free of any conflict of interest;
- b) mediators shall not be employees of a public or private agency that is involved in the early intervention services for the child and/or family;
- c) mediators must have knowledge of laws and regulations relating to the provision of appropriate early intervention service to children with disabilities;
- d) mediators must have a minimum of 16 hours of training as a mediator and provide the Department with a resume or biographical statement reflecting their qualifications; and,
- e) mediators, to be placed on the Department mediator list, must meet the above requirements and must agree to be compensated at a set rate.

Effect on Due Process Hearing timelines: the process for assigning a hearing officer and scheduling a due process hearing may occur simultaneously with the mediation process. In the event that the due process hearing is scheduled for a date prior to the date of the completion of the mediation, one or both of the parties may request, and obtain, an extension of the due process hearing timeline from the hearing officer if the desire is to proceed with the mediation.

#### ADOPTING STATE COMPLAINT PROCEDURES (34 CFR 303.510)

The Department has adopted written procedures for receiving and resolving any written and signed complaint that any public agency or private service provider is violating a requirement of Part C. Parents and other interested individuals including parent training centers, Protection and Advocacy agencies, and other appropriate entities, through a variety of public awareness activities.

#### Informing Parents and other Interested Individuals of Complaint Procedures

Parents are informed of the Missouri Part C Child Complaint Procedures several times. The Parental Rights Brochure is given to parents when referred to the program at referral at the point of notice and consent for evaluation (identification), and at the point of notice and consent for placement or provision of early intervention services.

Parents and other interested individuals including parent training centers, Protection and Advocacy agencies, independent living centers, and other appropriate entities, are informed of the complaint procedures through a variety of public awareness activities, such as presentations, videos, and print materials. Information is also disseminated through advocacy councils, and the Missouri MR/DD Planning Council.

### Complaint Procedures

Statement of Jurisdiction: The Department as a grantee under Part C of the Individuals with Disabilities Education Act (IDEA) maintains procedures for receiving, investigating, and resolving complaints that statutes and/or regulations relating to Part C of IDEA have been violated. This process is administered through the Office of Special Education, and is known as the child complaint process.

Initiating a Complaint: A child complaint must be filed in writing and must:

1. State facts describing an alleged violation of the IDEA Part C or federal statutes and regulations applying to programs operated pursuant to the IDEA Part C.
2. State the name, address, and phone number of the complainant as well as applicable information regarding the child involved. Individuals filing a complaint are not required to cite the Part C regulation that he or she alleges has been violated.

Any individual or organization, including an organization or individual from another State, may file a complaint with the Department.

Processing of Complaint Record: Upon receipt, the complaint shall be reviewed by the Child Complaint Coordinator and necessary staff assigned to investigate it. The complaint shall also be entered into the complaint tracking system.

Investigation of the Complaint: The process of investigation shall must include: staffing the complaint, providing notice of the complaint, data collection, and onsite visits where appropriate.

1) Notice:

- 1) Upon receipt of a complaint, notice shall be sent to the agency against which the complaint is filed. The notice shall include a statement of the elements of the complaint, a description of the investigation process and, if possible, the details of any onsite visits, data requests, or phone interviews that are planned. The agency shall be invited to provide any relevant information, and an invitation to provide any relevant information that the considered.
- 2) Acknowledgement: Upon receipt of a complaint, a written acknowledgement shall be sent to the complainant and shall include a statement of the elements of the complaint, a description of the investigation process, and an invitation to provide any relevant information that the complainant wants considered.
- 3) Documentation Collection: Documentation requests and phone interviews will be the primary methods of data collection in the complaint investigation. The request will include documents relevant to the complaint. Additionally, persons who have filed the complaint are given the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.
- 4) Onsite visits: If the lead agency determines that the investigation requires an on-site visit, separate notice to the agency shall be given. This notice may be given by phone, or may be in writing. The notice shall include a statement of the records to be made available, staff to be interviewed, and any need for access to school or agency facilities.

Investigation Timelines: The Office of Special Education shall have, upon receipt of the complaint, sixty (60) calendar days to review all relevant information and issue a letter of findings whether the public or private agency is violating a requirement of Part C regulations. The Commissioner of Education if exceptional circumstances exist with respect to the particular complaint may grant extension of this time limit. If such an extension is given, notice shall be given to the complainant and the agency under investigation, with documentation of that notice to be maintained within the child complaint file.

Resolution of the Complaint: Resolution of a system complaint shall be through the issuance of a decision letter of findings by the Commissioner of Education. The decision letter shall include

~~findings of fact and conclusions, and provide reasons for the decision. These findings address each allegation in the complaint and reviews of the investigation results, including any information in an on-site investigation or from a data request. Technical assistance is available to implement any corrective actions ordered. The basis for resolution may be any one of the following:~~

- ~~1) A decision that the party is in compliance.~~
- ~~2) A decision that the party is out of compliance, but that voluntary corrective action has been taken—requiring no further corrective action.~~
- ~~3) A decision that the party is out of compliance and ordering a specific corrective action to be—completed by a certain date.~~

~~**Remedies of Denial of Appropriate Services:** In resolving a complaint in which it finds a failure to provide appropriate services, a lead agency pursuant to its general supervisory authority under Part C of the Act, must address how to remediate the denial of those services, including as appropriate, or the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family and appropriate future provision of services for all infants and toddlers with disabilities and their families.~~

~~**Appeal Rights:** The findings of the Commissioner of Education related to the complaint shall constitute a final decision of the Department.~~

#### ~~Complaint Filing and Due Process Hearing Requests~~

~~If a written complaint is received that is also the subject of a due process hearing under Section 303.420 or contains multiple issues, of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not part of the due process action must be resolved within the 60-calendar-day timeline using the complaint procedures described in this section.~~

~~If an issue is raised in a complaint that has previously been decided in a due process hearing involving the same parties, the hearing decision is binding and the State must so inform the complainant. A complaint alleging a public agency's or private service provider's failure to implement a due process decision must be resolved by the Department.~~

~~**WHO MAY FILE A COMPLAINT** Any individual or organization, including an organization or individual from another State, may file a complaint with the Department. Sources of written complaints may be parents, service providers, advocates, Service Coordinators, members of the SICC, and/or employees of public agencies.~~

~~**Limitations:** A complaint must allege a violation that occurred not more than one year before the date that the complaint is received unless a longer period is reasonable because the alleged violation continues for that child or other children, or the complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint was filed.~~

#### ~~DUE PROCESS HEARING PROCEDURES~~

~~To initiate a due process hearing, a written statement requesting a due process hearing and indicating the concerns must be submitted to the Compliance Section, Office of Special Education, Department of Elementary and Secondary Education. Within thirty (30) days of receipt of this statement, a hearing will be held to review the concerns. The hearing will be conducted by a hearing officer named by the Assistant Commissioner, Office of Special Education., on behalf of the State Board of Education.~~

~~Appointment of an Impartial Person (34 CFR 303.421)~~



~~An impartial person must be appointed as a hearing officer to implement the complaint resolution process in this Subpart. The person must have knowledge about the provisions of Part C, of complaint management requirements, and the needs of, and services available for eligible children and their families and perform the following duties:~~

- ~~1) Listen to the presentation of relevant view points about the complaint, examine all information—relevant to the issues and seek to reach a timely resolution of the complaint, and~~
- ~~2) Provide a record of the proceedings, including a written decision.~~

~~As used in this section, impartial means that the person appointed to implement the complaint resolution process:-~~

- ~~1) Is not an employee of any agency or other entity involved in—the provision of early intervention services or care of the child or child's family, and~~
- ~~2) Does not have a personal or professional interest that would conflict with his or her objectivity in—implementing the process.~~

~~A person who otherwise qualifies under this section is not an employee of an agency solely because the person is paid by the agency to implement the complaint resolution process.~~

#### Parent Rights in Administrative Proceedings (34 CFR 303.422)-

~~The Department ensures that the parents of children eligible under this part are afforded the rights in this section in any administrative proceedings carried out under 34 CFR 303.420 that include the following:-~~

- ~~1) Be accompanied and advised by counsel and by individuals with special knowledge or training—with respect to early intervention services for children eligible under this part~~
- ~~2) Present evidence, and confront, cross-examine, and compel the attendance of witnesses;~~
- ~~3) Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the—parent at least five days before the proceeding~~
- ~~4) Obtain a written or electronic verbatim transcription of the proceedings—~~  
~~and,~~
- ~~5) Obtain written findings of fact and decisions-~~

#### Convenience of Proceedings; Timelines (34 CFR 303.423)-

~~Any proceeding for implementing the complaint resolution process is carried out at a time and place that is reasonably convenient to the parents. The Department ensures that no later than 30 days after the receipt of a parent's complaint, the impartial proceeding required under this section is completed and a written decision mailed to each of the parties.~~

~~The Department, after deleting any personally identifying information will disclose the findings and decision to the State Interagency Coordinating Council established under 300.650, thus making the findings and decisions available to the public.~~

#### Civil Action (34 CFR 303.424)-

~~Any party aggrieved by the findings and decision regarding an administrative complaint the right to bring a civil action in State or federal court.~~

#### STATUS OF A CHILD DURING PROCEEDINGS (34 CFR 303.425)

~~During the pendency of any proceeding involving a complaint under this section, unless the public agency and parents of a child otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided.~~

~~If the complaint involves an application for initial services under this part, the child must receive those services that are not in dispute.~~

#### CONFIDENTIALITY OF INFORMATION (34 CFR 303.460)

~~It is the policy of the Department that all information collected and maintained by agencies responsible for the provision of early intervention services for children with disabilities will be~~



~~protected to ensure the confidentiality of all such information consistent with the specific procedures established in this section.~~

~~These policies and procedures meet the requirements in 34 CFR 300.560 through 300.576.~~

#### ~~CONFIDENTIALITY FROM IDEA Part B (34 CFR 300.560-300.576)~~

##### ~~DEFINITIONS (34 CFR 303.460)~~

~~Destruction means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.~~

~~Education records means records maintained by a public agency responsible for the provision of early intervention services, which pertain to the early intervention services provided to a child with a disability. The term includes medical, psychological, and educational reports but does not include records of instructional, educational, ancillary, supervisory, and administrative personnel which are the sole possession of the maker and which are not accessible or revealed to any other personnel, except another person who performs on a temporary basis the duties of the individual who made the record. The term includes test instruments or protocols/score sheets and a record of the test results only if they contain personally identifiable information. Copies of test protocols will only be provided if the failure to do so would effectively prevent the parent from exercising the right to inspect and revise the educational records. These records are defined as education records in FERPA.~~

~~Participating agency means any agency or institution, which collects, maintains, or uses personally identifiable information or from which information is obtained under this part. This includes the system point of entry (SPOE).~~

##### ~~NOTICE TO PARENTS (34 CFR 300.561)~~

~~Notice to parents information is included in Section IV, Comprehensive Child Find System, of this plan.~~

##### ~~ACCESS RIGHTS (34 CFR 300.562)~~

~~Each SPOE shall permit parents to inspect and review any early intervention records relating to their child that are collected, maintained, and used by the Part C System without unnecessary delay and before any meeting regarding an IFSP or hearing relating to the identification, evaluation, placement or provision of early intervention services and, in no case, more than 45 days after the request has been made. The right to review and inspect records includes:~~

- ~~a) the right to a response from the SPOE to reasonable requests for explanations and interpretations of the records;~~
- ~~b) the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records; and,~~
- ~~c) the right to have a representative of the parent inspect and review the records.~~

~~The SPOE may presume that the parent has authority to inspect and review records relating to his/her child unless the SPOE has been advised that the parent does not have the authority under applicable State law governing such matters as guardianship, separation, and divorce.~~

##### ~~RECORD OF ACCESS (34 CFR 300.563)~~

~~Each SPOE shall maintain a record of all parties obtaining access to early intervention records collected, maintained or used under Part C of IDEA (except access by parents and authorized employees of the participating agency). The record will include:~~

- ~~a) name(s) of party;~~
- ~~b) the date access was given; and,~~
- ~~c) purpose for which the party is authorized to use the records.~~

~~The record of access shall be maintained in each file of each child that contains confidential information. The SPOE is required to maintain a list of those employees who have access to early~~

intervention records and maintain the list in a central location. Only employees of the SPOE who have a legitimate need to access education records shall be included on the list.

#### RECORDS ON MORE THAN ONE CHILD (34 CFR 300.564)

If any early intervention record includes information on more than one (1) child, the SPOE shall allow parents to inspect and review only the information relating to their child or to be informed of the specific information.

#### LIST OF TYPES AND LOCATIONS OF INFORMATION (34 CFR 300.565)

Each SPOE shall provide parents, on request, a list of the types and locations of education records collected, maintained, or used by the Part C system.

#### FEES (34 CFR 300.566)

Each SPOE may charge a fee for copies of records which are made for parents under this part if the fee does not effectively prevent the parents from exercising their right to inspect and review those records. A SPOE may not charge a fee to search for or to retrieve information under this part.

#### AMENDMENT OF RECORD AT PARENT'S REQUEST (34 CFR 300.567—300.570)

A parent who believes that information in the early intervention records collected, maintained or used under this part is inaccurate, misleading, or violates the privacy or other rights of the child may request the SPOE that maintains the information to amend the information.

The SPOE shall reach a decision regarding the request within a reasonable period of time, but no more than 45 calendar days after receipt of the request. If the SPOE agrees to the requested amendment, the records in question shall be amended as agreed to. If the SPOE denies the request for an amendment, the SPOE shall:

- a) inform the parent of the denial and advise the parent of their right to a hearing; and,
- b) advise the parent/guardian that they have a right to request a hearing, from the Department if they desire to further challenge the data contained within the child's file. This hearing shall be held by the Department in conformity with the requirements outlined in Section 99.22 of the Family Educational Rights and Privacy Act regulations.

If, as a result of the hearing, the Department decides that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the SPOE shall amend the information accordingly and so inform the parent in writing.

If, as a result of the hearing, the Department decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the SPOE shall inform the child's parent of the right to place in the records it maintains on the child a statement commenting on the information or setting forth any reason for disagreeing with the decisions of the SPOE. Any explanation placed in the records of the child must be maintained by the SPOE as a part of the child's records as long as the record or contested portion is maintained by the SPOE. If the record of the child or the contested portion is disclosed by the SPOE to any party, the explanation must also be disclosed to the party.

#### CONSENT REGARDING PERSONALLY IDENTIFIABLE INFORMATION (34 CFR 300.571)

The SPOE shall require written consent from the parent before it discloses information from the early intervention records of a child unless it is authorized to do so under Part 99 of the regulations implementing the Family Educational Rights and Privacy Act of 1974.

Written consent from the parent shall be obtained before any personally identifiable information is:

- 1) disclosed to anyone other than officials of participating agencies collecting or using such data; or,
- 2) used for any purpose other than meeting any requirement under IDEA.

In the event parent consent cannot be obtained, due process hearing procedures may be invoked by the Part C System.

If parent's failure to give consent would constitute neglect as defined in the Child Abuse and Neglect Laws of Missouri, Section 210.110 RSMo, a report should be made by the SPOE to the proper authorities.

#### SAFEGUARDS (34 CFR 300.572)

Each SPOE shall protect the confidentiality of personally identifiable information at the collection, storage, disclosure, and destruction stages. To assure protection, the SPOE shall:

1. appoint one (1) official at each SPOE to be responsible for ensuring the confidentiality of any personally identifiable information;
2. provide training or information to all persons collecting or using personally identifiable information in the State's policies and procedures governing such information; and,
3. maintain, for public inspection, a current list of the names and positions of those employees within the SPOE who may have access to personally identifiable data.

#### DESTRUCTION OF INFORMATION (34 CFR 300.573)

The SPOE shall inform parents when personally identifiable information collected, maintained, or used under this part is no longer needed to provide early intervention services to the child. The information must be destroyed at the request of the parent subject to the federal requirement that records be maintained for a minimum of three (3) years from the date the child no longer receives early intervention services. However, a permanent record containing the child's name, address, and phone number, may be retained without time limitation.

#### ENFORCEMENT (34 CFR 300.575)

The Department, through the process of monitoring, will assure that each SPOE receiving and/or eligible for funds from federal sources will have all such policies and procedures, as described herein, in effect. In the event a SPOE fails to comply with the provisions of this part, the Department of Elementary and Secondary Education may initiate actions to withhold the payment of State and federal funds available to the SPOE under this part.

### **X. SUPERVISION AND MONITORING OF PROGRAMS (34 CFR 303.501)**

The Department, as lead agency, is responsible for the general administration supervision and monitoring of programs and activities receiving assistance under Part C to ensure compliance with Part C regulations.

The Department is also responsible for the monitoring of programs and activities used by the State to carry out this part, whether or not programs or activities are receiving assistance under Part C to ensure compliance with Part C. The Department fulfills this obligation through the following methods:

1. Monitoring of agencies, institutions and organizations and used by the State to carry out IDEA-Part C;
2. Enforcement of any obligations imposed on those agencies under Part C;
3. Providing technical assistance, if necessary, to those agencies, institutions and organizations and;
4. Correction of deficiencies that are identified through monitoring (through a corrective action-plan process).

Monitoring activities include data collection, analysis and reporting, and periodic onsite reviews. Onsite reviews occur as needed to address complaints and/or problems identified.

The Department documents any findings of noncompliance through written correspondence to the agencies.

In the event an agency fails to comply with the provisions under Part C, the Department of Elementary and Secondary Education may initiate actions through the contractual provisions between the Lead Agency and Contractors.

## ~~XI. LEAD AGENCY PROCEDURES FOR RESOLVING CHILD COMPLAINTS (34 CFR 303.510 – 303.512)~~

### ~~ADOPTING COMPLAINT PROCEDURES (34 CFR 303.510)~~

~~The Department has adopted written procedures for receiving and resolving any written and signed complaint that any public agency or private service provider is violating a requirement of Part C.~~

### ~~INFORMING PARENTS AND OTHER INTERESTED INDIVIDUALS OF COMPLAINT PROCEDURES~~

~~Parents are informed of the Missouri Part C Child Complaint Procedures several times. The Parental Rights Brochure is given to parents when referred to the program, at the point of notice and consent for evaluation (identification), and at the point of notice and consent for placement or provision of early intervention services.~~

~~Parents and other interested individuals including parent training centers, protection and advocacy agencies, independent living centers, and other appropriate entities, are informed of the complaint procedures through a variety of public awareness activities, such as presentations, videos, and print materials. Information is also disseminated through advocacy councils, and the Missouri MR/DD Planning Council.~~

### ~~WHO MAY FILE A COMPLAINT~~

~~Any individual or organization, including an organization or individual from another State, may file a complaint with the Department. Sources of written complaints may be parents, service providers, advocates, Service Coordinators, members of the SICC, and/or employees of public agencies.~~

~~Limitations: A complaint must allege a violation that occurred not more than one year before the date that the complaint is received unless a longer period is reasonable because the alleged violation continues for that child or other children, or the complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint was filed.~~

### ~~COMPLAINT PROCEDURES~~

~~Statement of Jurisdiction: The Department, as a grantee under Part C of the Individuals with Disabilities Education Act (IDEA) maintains procedures for receiving, investigating, and resolving complaints that statutes and/or regulations relating to Part C of IDEA have been violated. This process is administered through the Office of Special Education, and is known as the child complaint process.~~

~~Initiating a Complaint: A child complaint must be filed in writing and must:~~

- ~~1. State facts describing an alleged violation of the IDEA Part C or federal statutes and regulations applying to programs operated pursuant to the IDEA Part C.~~
- ~~2. State the name, address, and phone number of the complainant as well as applicable information regarding the child involved. Individuals filing a complaint are not required to cite the Part C regulation that he or she alleges has been violated.~~

~~Processing of Complaint Record: Upon receipt, the complaint shall be reviewed by the Child Complaint Coordinator and necessary staff assigned to investigate it. The complaint shall also be entered into the complaint tracking system.~~

~~Investigation of the Complaint: The process of investigation shall include: staffing the complaint, providing notice of the complaint, data collection, and onsite visits where appropriate.~~

- ~~1. Notice: Upon receipt of a complaint, notice shall be sent to the agency against which the complaint is filed. The notice shall include a statement of the elements of the complaint, a description of the investigation process and, if possible, the details of any onsite visits, data requests, or phone interviews that are planned. The agency shall be invited to provide any relevant information.~~

2. ~~Acknowledgement: Upon receipt of a complaint, a written acknowledgement shall be sent to the complainant and shall include a statement of the elements of the complaint, a description of the investigation process, and an invitation to provide any relevant information that the complainant wants considered.~~
3. ~~Documentation Collection: Documentation requests and phone interviews will be the primary methods of data collection in the complaint investigation. The request will include documents relevant to the complaint. Additionally, persons who have filed the complaint are given the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.~~
4. ~~Onsite visits: If the lead agency determines that the investigation requires an on-site visit, separate notice to the agency shall be given. This notice may be given by phone, or may be in writing. The notice shall include a statement of the records to be made available, staff to be interviewed, and any need for access to school or agency facilities.~~

~~Investigation Timelines: The Office of Special Education shall have, upon receipt of the complaint, sixty (60) calendar days to review all relevant information and issue a letter of findings whether the public or private agency is violating a requirement of Part C regulations. The Commissioner of Education, if exceptional circumstances exist with respect to the particular complaint, may grant extension of this time limit. If such an extension is given, notice shall be given to the complainant and the agency under investigation, with documentation of that notice to be maintained within the child complaint file.~~

~~Resolution of the Complaint: Resolution of a system complaint shall be through the issuance of a decision letter of findings by the Commissioner of Education. The decision letter shall include findings of fact and conclusions, and provide reasons for the decision. These findings address each allegation in the complaint and reviews of the investigation results, including any information in an on-site investigation or from a data request. Technical assistance is available to implement any corrective actions ordered. The basis for resolution may be any one of the following:~~

- ~~A. A decision that the party is in compliance.~~
- ~~B. A decision that the party is out of compliance, but that voluntary corrective action has been taken requiring no further corrective action.~~
- ~~C. A decision that the party is out of compliance and ordering a specific corrective action to be completed by a certain date.~~

~~REMEDIES FOR DENIAL OF APPROPRIATE SERVICES: In resolving a complaint in which it finds a failure to provide appropriate services, a lead agency, pursuant to its general supervisory authority under Part C of the Act, must address how to remediate the denial of those services, including as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family and appropriate future provision of services for all infants and toddlers with disabilities and their families.~~

~~Appeal Rights: The findings of the Commissioner of Education related to the complaint shall constitute a final decision of the Department.~~

#### Complaint Filing and Due Process Hearing Requests

If a written complaint is received that is also the subject of a due process hearing under Section 303.420, or contains multiple issues, of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not part of the due process action must be resolved within the 60-calendar-day timeline using the complaint procedures described in this section.

If an issue is raised in a complaint that has previously been decided in a due process hearing involving the same parties, the hearing decision is binding and the State must so inform the complainant. A complaint alleging a public agency's or private service provider's failure to implement a due process decision must be resolved by the Department.

## **XII. POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS**

### **POLICIES RELATED TO PAYMENT FOR SERVICE**

The Department is responsible for policies related to payment of early intervention services for eligible children. These policies are consistent with the funding policies as outlined in 34 CFR 303.520 (b).

### **Proceeds from public or private insurance (34 CFR 303.520 (d))**

The State of Missouri assures that proceeds from public or private insurance are not treated as program income for purposes of 34 CFR 80.25 and, if a public agency spends reimbursements from federal funds (e.g., Medicaid) for early intervention services, those funds are not considered State or local funds for purposes of the provisions contained in Sec. 303.124.

### **FAMILY COST PARTICIPATION (34 CFR 303.520)**

Missouri implements a system of payments which establishes family participation in the cost of providing early intervention services. The following services are provided at no cost to all children referred to Part C and their families: child find activities, evaluation and assessment, service coordination, and administrative and coordinative activities related to the development, review, and evaluation of IFSPs and implementation of procedural safeguards.

All First Steps providers must be recognized and enrolled providers with the State's Medicaid agency for those services covered under the State's Medicaid State Plan. For those children who are eligible or enrolled in Medicaid, the cost for services incurred in the eligibility determination process, IFSP planning and development, and service delivery for those covered services will be paid for by Medicaid and will be at no cost to the family.

#### **Definitions:**

(a) Ability to pay is the determination of a family's financial ability to contribute to the cost of early intervention services provided by Missouri First Steps based on the family's placement on a sliding fee scale. Placement on the scale at the minimum family participation rate as established by statute or by the lead agency indicates an ability to pay.

During the process of "ability to pay" determination, the family must be informed of their right to refuse any service; receive the following services at no cost: child find activities; evaluation and assessment; service coordination; administrative and coordinative activities related to the development, review, and evaluation of IFSPs and implementation of procedural safeguards; and their right to have the family cost share amount reviewed;

(b) Adjusted gross income means the adjusted income as reflected on the previous year federal income tax form;

(c) Allowable deductions are out-of-pocket family expenses, as defined by the lead agency, that may be allowed in the consideration of family hardship when an adjustment to the calculated monthly fee is determined to be appropriate;

(d) Family cost participation is the process authorized by section 160.920, RSMo, providing for family participation in the costs of early intervention services;

(e) Family cost share or family fee is the maximum amount the family must pay per month based on the family's ability to pay, considering the family's adjusted income as determined on the previous year federal income tax form. The fee is based on a family unit, not per individual child;

(f) Family unit means the group of individuals in the same household whose information is used to determine family size and financial resources. It could include, but is not limited to, biological parents, adoptive parents, step-parents, and children (biological and adoptive);

~~(g) Family cost participation notification informs the family (financially responsible person/head of household) of the actual amount of monthly fees the family is required to pay to participate in the Missouri First Steps system;~~

~~(h) Financial hardship refers to unplanned occurrences in a family that adversely impacts the financial stability of the family. The following occurrences may cause an adjustment to be made in the amount of monthly fees: loss of home, loss of job, or extensive medical costs incurred/documented in the current year as determined applicable by the SPOE Director. One or more of these occurrences may be used to modify a calculated monthly fee or become the basis for a determination of “inability to pay;”~~

~~(i) Inability to pay refers to a determination that the family is not able to financially contribute to the cost of early intervention services provided by Missouri First Steps. Placement on the sliding fee scale at \$0.00 indicates an inability to pay. Families currently enrolled in Medicaid are assumed to have an “inability to pay” for purposes of receiving services through the Missouri First Steps system. Families meeting this definition will not be charged for any early intervention services provided to the child and family pursuant to the child’s IFSP;~~

~~(j) Income verification is the process of reviewing family documentation of income and allowable expenses that will occur during the intake process, annual review, or at other times as requested by the family, the SPOE, or the lead agency. Required documentation will be as specified by the lead agency. If a family refuses to provide requested financial information, the family may be placed on the monthly fee schedule at the highest allowable level; however, the monthly amount charged to the family will not exceed the actual monthly cost of the early intervention services identified on the child’s IFSP for that month;~~

~~(k) Financially responsible person/head of household means the individual who is obligated by this regulation to pay the calculated monthly fees for participation;~~

~~(l) Gross annual income (earned and unearned) is the total monthly income from all sources before payroll deductions, other withholdings, and expenses incurred in earning the income. Examples would include salaries and wages, dividends, annuities, interest, rents, pensions, disability and survivor benefits, Workers’ Compensation, unemployment compensation, maintenance and child support payments, bonuses, tips and gratuities, income from business or profession, and any other taxable and nontaxable income as required in the reporting of federal income tax. If the gross annual income used in the current calculation of monthly fees changes by more than ten (10) percent, the family must report the change to the SPOE within fifteen (15) working days. This change may require a recalculation of the monthly participation fee. Failure to report within fifteen (15) working days may require the retroactive payment of a higher fee. If the family fails to report the change within the appropriate time frame and a reduction in fee is calculated for the family, the new reduced fee will not be retroactive;~~

~~(m) Household size is the number of persons dependent upon the income of the financially responsible person(s) in the family unit. For purposes of determining the size of the family unit for First Steps, dependency for family members must meet the dependency test applied by the federal *Internal Revenue Code*;~~

~~(n) Missouri First Steps is the Missouri early intervention system for infants and toddlers, ages birth to three that meets the requirements of the *Individuals with Disabilities Education Act (IDEA), Part C*;~~

~~(o) Monthly fee is the monthly amount charged to a family for participation in Missouri First Steps as determined by application of the approved sliding fee scale;~~

~~(p) Private health insurance is an insurance policy/contract which covers certain health identified conditions, including early intervention services pursuant to section 378.1218, RSMo;~~

~~(q) Provider refers to a provider of early intervention services in the First Steps system authorized to~~



perform such services by the lead agency;

(r) Recipient is the person (infant/toddler or family of an infant/toddler) receiving services through Missouri First Steps;

(s) Sliding Fee Scale refers to the table used in determining the monthly fee to be charged to a family for participation in Missouri First Steps. The minimum fee assessed is five dollars (\$5.00) and the maximum fee is one hundred dollars (\$100.00). The scale was developed using two hundred percent (200%) of the federal poverty guidelines for the year 2005. The family fee scale shall be updated annually when changes occur in the federal poverty guidelines. Changes to the calculated amount of family fees shall take effect as of the first of the month following the change;

(t) Unearned income means income that is not derived from employment. Examples would include maintenance and child support monies, interests, pensions, unemployment benefits, Workers' Compensation and benefits from the Social Security Administration, Railroad Retirement Board, Civil Service Commission, Veterans Administration, and other similar types of income.

Process for determining family fees:

Family fees are based on a sliding scale that considers the adjusted gross income for the family and the number of family members. This fee will be calculated at each System Point of Entry (SPOE) and is due and payable monthly. The calculated fee is due for any portion of a month in which First Steps services are accepted by the family.

If the child/family is eligible for Medicaid (under any State entitlement program), Supplemental Security Income (SSI), General Relief (GR), or Food Stamps, the family cost participation notice will reflect \$0.00 monthly payment. Documentation of Medicaid eligibility as determined by the lead agency must be placed in the family's financial file maintained by the SPOE.

Failure to comply with these requirements:

The SPOE shall encourage the family to provide required financial information so that family cost participation can be determined. The amount of the monthly fee assessed may be increased to the maximum allowed by statute but not exceeding the actual monthly cost of the early intervention services identified on the child's IFSP in that month for any of the following reasons:

1. Refuses to provide financial information to the SPOE in order to calculate the fee
2. Provides false or misleading information
3. Refuses to provide access to health insurance (if available)

Failure to Pay:

The lead agency or its designee will take action to collect any unpaid amounts due based on the sliding fee scale. These actions may include, but are not limited to, suspension of early intervention services except those provided at no cost. The family will be notified by mail when monthly fees are thirty (30), sixty (60), and seventy-five (75) days in arrears. On the 75<sup>th</sup> day after non-payment of the calculated monthly fees, the financially responsible person/head of household will be sent prior written notice by mail that early intervention services (except those provided at no cost) will be suspended on the 90<sup>th</sup> day of non-payment. The lead agency or its designated agent shall also notify the appropriate SPOE when a family is in a non-payment status. The data system will contain a comment that services were suspended due to non-payment of required fees. A family may not receive services in another SPOE area unless reinstatement criteria are met;

Reinstatement of services:

Services suspended for non-payment of applicable fees may be reinstated upon full payment of all fees in arrears and the completion of a current family cost participation agreement if no more than three months have passed since the date of suspension. If more than three months have passed since suspension of services, the IFSP team must reassess the appropriateness of the existing IFSP before reinstating services. The family is not guaranteed the same individual service provider(s) as was assigned prior to the suspension of services;

Periodic review of assessed fees:

A review of family finances and the appropriateness of the current monthly fees will be conducted annually and may occur upon family request, if the family financial status changes significantly;

Family appeal procedures:

Families will provide financial information to their Service Coordinator used to determine the amount of monthly participation fees. If the family disagrees with the amount assessed, the family may make an appeal for review in writing to the SPOE Director. The director will review the rationale for the monthly fee assessed. The family should submit financial information and a description of any special circumstances that may impact the decision relating to the payment of monthly fees. The SPOE Director will make a final decision regarding the appeal after analyzing all available information.

The minimum monthly and maximum yearly fees for participation in Missouri First Steps based on family size and adjusted gross income can be accessed at:

<http://www.dese.mo.gov/divspeeed/FirstSteps/FCPmainpg.htm>

#### ENROLLMENT IN MEDICAID AND USE OF PART C FUNDS (34 CFR 303.527)

Federal regulations for Part C of the Individuals with Disabilities Education Act stipulate that funds under this part are to be used only for early intervention services that an eligible child needs but is not currently entitled to under any other federal, State, local, or private source.

#### IDENTIFICATION AND COORDINATION OF RESOURCES (34 CFR 303.522)

The Department is responsible for the identification and coordination of all available resources for early intervention services within the State, including those from federal, State, local and private sources and updating the information on funding sources if a legislative or policy change occurs.

The federal funding sources available for the Part C program include:

1. Title V of the Social Security Act (relating to Maternal and Child Health);
2. Title XIX of the Social Security Act (relating to the General Medicaid Program and EPSDT);
3. The Head Start Act;
4. Parts B and C of the IDEA;
5. The Developmentally Disabled Assistance and Bill of Rights Act, (PL 94-103); and,
6. Other federal programs, including but not limited to Title XXI, the State Children's Health Insurance Program, Temporary Assistance to Needy Families (TANF), Title IV, the Child Care Development Fund, Early Head Start, etc.

### **XIII. INTERAGENCY AGREEMENTS; RESOLUTION OF INDIVIDUAL DISPUTES**

#### **INTERAGENCY AGREEMENTS (34 CFR 303.523)**

The State of Missouri ensures that it has entered into formal interagency agreements with other State-level agencies involved in the State's early intervention system.

Each agreement includes the following:

1. the financial responsibility of each agency for paying for early intervention services that is consistent with State law and Part C requirements;
2. the procedures for achieving a timely resolution of intra- and interagency disputes about payments for a given service(s) or disputes about other matters related to of the State's early intervention program. The procedures include a mechanism for making a final determination that is binding upon the agencies involved;
3. a process that permits each State agency participating in the State's early intervention program to resolve any internal disputes (based on the agency's procedures that are included in the agreement) so long as the agency does so in a timely manner;
4. should an agency be unable to resolve its own internal dispute in a timely manner through their own agency's dispute resolution procedures, the Department will follow the procedures identified below to achieve resolution of the intra-agency dispute; and,
5. any additional components necessary to ensure effective cooperation and coordination among all agencies involved in the State's early intervention program.

## RESOLUTION OF DISPUTES (34 CFR 303.524)

~~The Department is responsible for resolving disputes according to procedures in 34 CFR 303.523 (c) (2) (ii). During the pendency of a dispute, the Department is responsible for assigning financial responsibility to an agency or to itself as lead agency, in accordance with the payor of last resort provisions in 34 CFR 303.527. If during the resolution of the dispute, the financial designee determines that the assignment of financial responsibility was inappropriately made, the financial designee shall reassign the responsibility to the appropriate agency and the Department shall make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.~~

~~The dispute will be reviewed by an interagency panel consisting of appropriate staff members designated by the appropriate Director(s) of the State agencies and the Commissioner of Education who will together render a decision. In the event the decision is not satisfactory, the parties involved may refer the dispute to the Governor.~~

## DELIVERY OF SERVICES IN A TIMELY MANNER (34 CFR 303.525)

~~The Department has developed the following procedures to ensure services are provided in a timely manner pending resolution of disputes among public agencies or service providers.~~

~~Pending resolution of a dispute, the Department will utilize Part C funds to directly pay for services. The Department will conduct a review with parties involved. The assignment of financial responsibility will be reviewed by an interagency panel consisting of appropriate staff members designated by the appropriate director(s) of the State agencies.~~

~~The panel will provide a recommendation of their decision to the Commissioner of Education and appropriate Department directors who will render a decision. This decision will reassign the fiscal responsibility to the appropriate agency and make arrangements to reimburse expenditures incurred by the Department. In the event the decision is not satisfactory, the parties involved shall refer the dispute to the Governor. Services will continue to be provided during the resolution of the dispute at this level.~~

## PAYOR OF LAST RESORT (34 CFR 303.527)

~~All funding policies as identified in the Interagency Agreement conform with the following:~~

- ~~1. Nonsubstitution of funds Part C funds may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source unless that services' source of payment is under dispute. Part C funds may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other federal, State, local, or private source.~~
- ~~2. Interim payments/reimbursement In order to prevent a delay in the timely provision of services, Part C funds may be used to pay the provider of services pending reimbursement from the agency or entity that has ultimate responsibility for the payment. Payment may be made for:
  - ~~a. early intervention services;~~
  - ~~b. eligible health services; and~~
  - ~~c. other functions and services authorized by Part C including child find, evaluation, and assessment. This provision does not apply to medical services or well baby care.~~~~
- ~~3. Non reduction of benefits Medical or other assistance that is available to the State under Title V of the Social Security Act (SSA) (relating to maternal and child health) or Title XIX of the SSA (relating to Medicaid for eligible children) may not be reduced.~~

~~If the dispute is in regard to fiscal responsibility the following will be implemented. The assignment of financial responsibility will be determined by an interagency panel consisting of appropriate staff members designated by the directors of the participating State agencies. The panel will recommend their decision to the Commissioner of Education and appropriate Department Director(s) who will~~

~~render a decision. Their decision will: reassign the fiscal responsibility to the appropriate agency, and make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.~~

~~In the event that the decision is not satisfactory, the review process shall include:~~

- ~~1. referring the dispute to the Governor, and~~
- ~~2. implementing the procedures to ensure that services are provided to eligible children and their families in a timely manner, pending resolution of disputes among public agencies or service providers as required under 34 CFR 303.525.~~

#### **REIMBURSEMENT PROCEDURES (34 CFR 303.528)**

~~The State of Missouri assures that a system is in place which includes procedures for securing timely reimbursement of funds in accordance with section 303.527(b).~~

#### **XIV. POLICY FOR CONTRACTING OR OTHERWISE ARRANGING FOR SERVICES (34 CFR 303.526)**

~~The Department has established the following policies for contracting or making other arrangements with public or private service providers to provide early intervention services. The Department will review contractual arrangements of the participating State agencies as part of the monitoring process.~~

- ~~1. Public agencies must follow State Purchasing Regulations RSMo Chapter 34 and their respective Departmental rules.~~
- ~~2. Agencies with whom the Department contracts must have knowledge of PL105-17, Part C and follow all applicable regulations and rules. All early intervention services must meet State standards and be consistent with provisions of Part C. Individuals or agencies that contract to provide early intervention services must meet personnel standards and provide services consistent with Part C requirements.~~

#### **XV. DATA COLLECTION**

~~The Department provides data as required in section 676 (b) (14) and 618 of the Act, and other data as requested at the time and in the manner as specified by the Secretary of Education. The data system for Part C includes all eligible infants and toddlers and all enrolled service providers/agencies.~~

#### **XVI. NATURAL ENVIRONMENTS**

~~The State of Missouri assures that policies and procedures are in place that ensure, to the maximum extent appropriate, early intervention services are provided in the natural environments; and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when the early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. The policy and procedures under the IFSP section is consistent with language indicated in Section 636(d)(5).~~

## ~~Appendix~~

## Appendix A

### **Education Department General Administrative Regulations (EDGAR) Definitions**

Section 303.24 EDGAR definitions that apply

The following terms used in this part are defined in 34 CFR 77.1 and 74.3:

Applicant: means a party requesting a grant or subgrant under a program of the Department

Award: means an amount of funds that the Department provides under a grant or contract

Contract: means (except as used in the definitions for “grant” and “subgrant” in this section and except where qualified by “federal”) a procurement contract under a grant or subgrant, and “subcontract” means a procurement subcontract under such a contract.

Department: means the US Department of Education

EDGAR: means the Education Department General Administrative Regulations (34 CFR Parts 74, 75, 76, 77, and 78).

Fiscal year: means the federal fiscal year—a period beginning on October 1 and ending on the following September 30.

Grant: means an award of financial assistance in the form of money, or property in lieu of money, by the federal government to an eligible recipient. The term includes such financial assistance when provided by contract, but does not include any federal procurements subject to the procurement regulations in 41 CFR, nor does it include technical assistance, which provides services instead of money, or other assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct appropriations. Also, the term does not include assistance, such as fellowship or other lump sum award, which the recipient is not required to account for on an actual cost basis.

Grantee: means the government, nonprofit corporation, or other legal entity to which a grant is awarded and which is accountable to the federal government for the use of the funds provided. The grantee is the entire legal entity even if only a particular component of the entity is designated in the award document. For example, a grant award document may name as the grantee an agency or a State, or one school or campus of a university. In these cases, the granting agency usually intends or actually requires that the named component assume primary or sole responsibility for administering the grant award document shall not be construed as relieving the whole legal entity from accountability to the federal government for the use of the funds provided. (This definition is not intended to affect the eligibility provisions of grant programs in which eligibility is limited to organizations, such as State education agencies, which may be the only components of a legal entity.) The term “grantee” does not include any secondary recipients such as subgrantees, contractors, etc., who may receive funds from a grantee pursuant to a grant.

Grant period: means the period for which funds have been awarded.

Private: as applied to an agency, organization, or institution, means that is not under federal or public supervision or control.

Public: as applied to an agency, organization, or institution, means that the agency, organization, or institution is under the administrative supervision or control of a government other than the federal government.

Secretary: means the Secretary of the Department of Education or an official or employee of the Department acting for the Secretary under a delegation of authority.  
(Authority: 20 USC 1471 et.)



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